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The American Journal OF CLINICAL MEDICINE

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DR. W. C. ABBOTT

DR. W. J. ROBINSON

DR. W. F. WAUGH

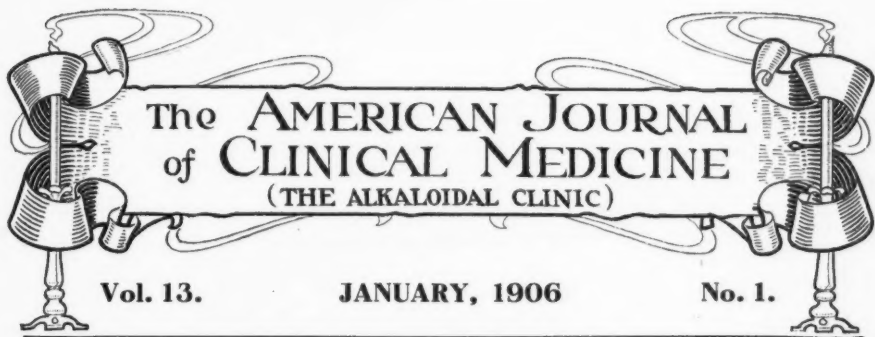
DR. EMORY LANPHEAR

DR. A. S. BURDICK

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This index has been very carefully prepared; you should make the most of it. Have your copies bound. The expense is small and your journal becomes, thereafter, a valuable reference library—one to which you will constantly refer in times of difficulty. A collection of well-bound and well-indexed volumes of THE AMERICAN JOURNAL OF CLINICAL MEDICINE is a cyclopedia of practical therapeutics, a library in itself, and worth ten times its cost.

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OUR FOREWORD.

THE world moves and, whoever else may or may not move with it, we propose to do so. Many an enterprise which, when started, was in advance of its time, has finished behind it, simply because its promoters failed to perceive that the rest of humanity was not standing still. When The Alkaloidal Clinic was founded by Dr. Abbott twelve years ago, as a "clearing house" for an appreciated but burdensome correspondence, the indefinite, uncertain and unreliable galenical preparations reigned supreme. There was but a single drug in the whole Pharmacopeia that was assayed—namely, opium. For all other drugs, potent and mild, no standard whatsoever was given.

That means that wholesale druggists could sell, and retail druggists could dispense, preparations of aconite, belladonna, digitalis, pilocarpus, nux vomica, colchicum, etc., which contained either an excess of active matter or which were practically or absolutely inert. It didn't matter to the pharmacist and the non-thinking physician-nihilist, but it did matter, however, and very much, to the thinking physician and to the patient.

The founder of the Clinic did not think this was the right state of affairs. He, with many other thinking physicians recognized that the active principle of the plant being the important part, that active principle should be the criterion of utility—the measurable quantity, and not the alcohol and the extractive matter.

The seventh revision of the Pharmacopeia appeared and it showed signs of progress—it contained the assays of three drugs and their preparations—opium, nux vomica and cinchona. And now the eighth revision has taken an immense stride, containing as it does assays of practically all potent drugs—twenty-two in number; namely, aconite, belladonna leaves, belladonna root, cinchona, red cinchona, coca, colchicum, corm, colchicum seed, conium, guarana, hydrastis, hyoscyamus, ipecac, jalap, nux vomica, opium, physostigma, pilocarpus, scopola, and stramonium.

What does this signify? It signifies very much. It signifies that the world (the medical and pharmaceutical part of it) has at last come to the realization of the fact that crude galenicals are unscientific and dangerous and that it is the alkaloid, the active principle, that counts.

In recognition of the above and to show that the same leaven is working in other countries than our own, we quote Dr. Carl Abel in the *Berliner Klinische Wochenschrift*, No. 34, 1905:

"It must also be held in consciousness that the effect of the fluid extract varies within wide bounds in the ratio of the amount of the active principles which therein is, a fact which is proved to each physician by his own too often repeated experience. Scientific usage of drugs on this account demands that the galenical preparations be crowded backwards, and be made to give place to substances of which the substantial action can be sharply defined by reason of their chemical constitution and upon which reactions exactly measured (proportional) will follow."

Though "made in Germany," this is an important and greatly appreciated tribute to the movement which is today world-wide in scope and to be all-important in result.

That the simplest and most exact way of administering the active-principles is in the form of the principles themselves and not of the troublesome and still somewhat uncertain galenicals, is another question upon which we may touch some other time. What we want to bring out now is that the paramount importance of the active principle is, at last, practically admitted by everybody.

During the last few years a significant change has occurred. The best elements of the profession have awakened to the needs of the day, and the possibility of a truer therapy. A reaction has set in against prevailing pessimism and unscientific therapeutic makeshifts by means of which medicine seemed destined to sink from its dependent position into that of a satellite to manufacturing chemistry—the therapeutic renaissance is upon us!

At the last meeting of the American Medical Association it was evident that deep interest was taken, and that the best elements of the profession were enlisted in behalf of this movement for the rescue of therapeutics and pharmacy from pessimistic nihilism and uncertainty.

The Clinic, representing the faith of its founder and his co-workers, has always been a strenuous advocate of exact, dependable medication—of the use so far as possible and demonstrably best, of the active principles in therapeutics instead of the cruder preparations in vogue.

But new truths gain ground slowly, and we have had to fight very hard, very persistently, utilizing every proper opportunity to get the rays of active, definite, dependable therapy to penetrate the darkness of

Ask child to place hand on the "spot which hurts;" if appendicitis it rests on McBurney's point.—Benning.

To abort a felon apply a tight-fitting rubber nipple over the end of the finger as long as can be borne.—H. Whisler.

uncertain, irrational slipshodness. We have triumphed! The enemy is on the run! The victory is ours!

Shall we rest on our laurels? No! There are other fields to till, there are "other worlds to conquer." For many years we suffered from the accusation of being faddists, of advocating an exclusive method of treatment. This was not true, but the space we had to devote to the active-principle idea gave color to the accusation. We say we "had" to, and we did have to, for to make a new truth popular one must harp on one string persistently, continually, undauntedly.

But we are free from such necessity now—the profession has no more stood still than we have. The work of the restoration of scientific therapeutics has broadened, until now the use of the alkaloids (the active principles) simply forms one section of this great work.

The basic principles for which we have fought for years are being gradually, slowly but surely, accepted and stand today as one of the foremost, if not the most important, factors in medical thought.

We should be untrue to ourselves and our cause, were we to permit the impression to become prevalent that we stand for the exclusive use of the alkaloids as remedial agents, though we have many times been accused of so doing. And to emphasize the fact that we stand for all that can be embraced under the designation of scientific therapeutics, from this time henceforth we are to be known as The American Journal of Clinical Medicine, for this is what The Alkaloidal Clinic really has been, is, and surely will continue to be.

Not an iota of that for which we have fought is lost. Not a step do we take backwards. We are, the rather, ever pushing forward into the broadened path that has been opened up to us by our mutual endeavor, by our successful occupation of an advanced station made possible by the earnest cooperation of our interested and helpful friends—our brothers in this great work.

Our therapeutic platform is as broad as the world—we believe the physician should pluck the health-giving fruit, it matters not from what garden—active-principle therapy, surgery, synthetic chemistry, massage, electricity, opotherapy, serum therapy, hydrotherapy, radiotherapy, etc., etc.—all these offer us mighty weapons in the battle with the enemies of the human race—Disease and Death. And the new Clinic, The American Journal of Clinical Medicine, will include all these weapons in its armamentarium. It will give its readers all that is best in medicine, all that is best in the medical literature of the world, all that is most helpful, most practical.

But there is another very, very important, though rather thankless field. We refer to the nostrum evil, to the numerous species of medical graft practised upon the medical profession, to the intimidation and coer-

Dionin applied to eye causes irritation followed by anesthesia lasting 2 to 48 hours.—Snyder, *Jour. A. M. A.*

Dionin's most marked action is in eyes whose tension is highest; disassociating intercellular cement substance.—Snyder, *J. A. M. A.*

cion practised by some nostrum manufacturers. Now, we are not opposed to proprietary medicines. On the contrary we believe that some proprietary interests have contributed materially towards therapeutic improvement and even discoveries in pharmacy and chemistry. But we do maintain that a man cannot serve two masters—that a manufacturer who curries favor with the laity has no business in the medical press. You cannot, you must not work both the laity and the medical profession at the same time. If we ever carried an ad of a preparation also advertised to the laity, it was thrown out as soon as the fact of its being so advertised became positively known to us. If you go through our advertising pages you will not find a single medicinal compound which, to our knowledge is advertised to the laity. If you know to the contrary you should tell us so, submit proof and we will do the rest.

Then we are unalterably and emphatically opposed to false and fraudulent formulas. We do not believe, with some extremists, that the manufacturer is obliged to divulge his exact formula and method of manufacture. Not at all. But we do believe, that he has no right to give false or misleading formulas. Give the correct formula, or none at all!

Further, we will fight, tooth and nail, those manufacturers who are instrumental in instigating unjust attacks against the American Medical Association and the Journal of the Association. The Association and the Journal may have made mistakes in the past; they may make mistakes in the future—if so, we shall not hesitate to point them out; but they are on the right path in their fight against the nostrum evil and the Association is going to accomplish great things for the Medical Profession of America. We are for the Association and for the Journal, just so far as we believe them to be in the right, but no further.

We do not take the stand the Journal takes and should take in some things—a stand we should promptly take were we the organ of the great national body; but the stand we do take, the broadest plank in our platform is the safeguarding of the best personal and professional interests, as we see and believe them to be, of the true doctor and the honest pharmacist.

As will be seen, we hope and expect to do great and even greater work, work to which we will have to give the best there is in us. While yet as fresh for the fight and as eager for the fray as ever, yet the line is extending; so, conscious of our limitations, we have been seeking additional strength—for those who will help us to be greater help to you—and we have found it.

Men who occupy the forefront of progress must be men who are ready and willing to "buck the line"—to stand for what is right, to give and to take hard knocks, to let the opposition fully understand that they are there and there to stay.

Darier, Reber and Snyder report cases of complete absorption of the lens and capsule during the use of dionin.—*J. A. M. A.*

In iritis with adhesions and tension dionin lessens tension and allows absorption of mydriatics with relief.—Snyder, *J. A. M. A.*

Dr. William J. Robinson of New York needs no introduction to the medical profession of America. By his masterly activity in the American Medical Association and as Editor of the Critic and Guide, he has done more than any one man in the country in bringing to the front the question of ethical advertising and in bringing dismay into the ranks of the nostrumists. Though an all-round therapist (he was for many years, the editor of Merck's Archives—his practice is limited to Dermatology and Venereal Diseases, and our propaganda in these specialties will be under his charge.

Dr. Emory Lanphear of St. Louis, a surgeon of national reputation, formerly editor of the American Journal of Surgery, Gynecology and Obstetrics, will direct the Department of the same name; and the best minds in this country and in Europe will contribute articles which will be of inestimable value to the general practitioner who is willing to learn and is anxious to keep up with the times.

Each of these gentlemen, of unquestioned first position, has amply proven his ability to give and take hard knocks without losing either courage or temper. Each in his own way, with malice toward none, will fearlessly advance the cause of truth through this Journal. Each will stand with the Clinic for what is right and nothing else. But this is not all—there is yet more to be done, other forces to add, other phases of this great work to be considered, all of which we shall get to in due time, covering the entire field of practical medicine and therapeutics, thus (and only with your help and cooperation) making The American Journal of Clinical Medicine the broadest and most representative monthly medical journal in the world.

In our editorials we shall say what we have to say in a straightforward, direct way, without fear or favor, but having no personal animus. No personal attacks will be tolerated.

Against wilful ignorance, culpable and dishonest error, we are aggressive to the limit of our capability. Personal quarrels and antipathies we have none.

In the whole field of our endeavors we encounter not a solitary personal enemy. Our most strenuous exertions are for the principles we strive to inculcate. If the inculcation of truth hurts somebody, and he is wrong, he must give ground. If he is right, and can demonstrate it, we will gladly go his way. If financial interests are endangered by our work, such financial interests are dishonest or unwisely directed. If men fail to read the handwriting on the wall they must not hold us responsible.

As to our stand on the subject of Medicine and its possibilities, no further statement on our part should be necessary. We are thorough optimists and nothing is so distasteful to us as the therapeutic nihilism

In peripheral corneal ulcers under dionin repair begins as soon as the ulcer is cleared; best in recent cases.—Snyder, *J. A. M. A.* Dionin is almost completely abortive of parenchymatous keratitis if used in the earliest stages; worthless late.—Konigstein.

which at one time threatened to engulf the entire medical profession and which still counts too many disciples—too many for the good of the profession and of the ailing public.

We know medicine is not perfect, but we also know that it has made wonderful strides during the past three or four decades and that its future possibilities are unlimited. We are fully in accord with Osler who so well said in his recent farewell address: "The list of diseases which we can positively cure is an ever-increasing one, the number of diseases the course of which we can modify favorably is a growing one; the number of incurable diseases (which is large and which will probably always be large) is diminishing—so in this second point we may feel that not only is the work already done of the greatest importance, but that we are on the right path, and year by year as we know disease better we shall be able to treat it more successfully."

We believe in medicine! We know that thousands and thousands of lives are daily snatched away from the bony clutches of Death by the active interference of the physician who has the proper ammunition and knows how to use it.

We insist that medicine shall be used intelligently; that the physician must have a clear conception of the need presenting, and of the means of meeting it; and that our therapeutic intervention should be strictly limited to our ability to meet these conditions. Furthermore, we believe that the science of therapeutics has been developed to such a degree as to make this scientific basis a possibility, and that its adoption renders a solid and permanent progress possible, for the first time in the history of medicine.

We believe in the medical profession, both in the man of the "rank and file" and those who are striving for its betterment. We feel that the doctor should occupy first place among our most happy and prosperous citizens, that he should be a man appreciated because of his capability. We know, on the one hand, that our profession embodies great truths of vital consequences; on the other, that it has rights which others are bound to respect. We have helped to wrest these truths from the grasp of nihilism and in the defense of these rights we propose to stand in the forefront of the fight to free the doctor from vicious lying and commercial espionage, in the guise of therapeutics, and to help to place him in the position of honor which is his by right.

To aid in the spread of this life-saving knowledge, to strive to the uttermost for the accomplishment of what we have outlined, is the mission, and shall be the labor of the enlarged and broadened Clinic—The American Journal of Clinical Medicine, for which and the work before us we bespeak your kindest consideration and most ardent helpfulness.

DRS. ABBOTT AND WAUGH.

Three billions of arsenic tablets are said to have been consumed in and near New Orleans during the recent yellow fever time.

Physicians who use alcohol or liquors in remedies they dispense must pay a liquor dealers' tax. Cut out the booze.

THE DOCTOR'S FEES.

We have long had it in our mind to sound a note of warning to the doctor on the subject of his charges. They are far too low. The expense of obtaining a medical education has vastly increased. The time has been extended from two to four years; the laboratory investigations have vastly developed and there special fees have largely increased; the general proficiency in all departments demanded by the State Examining Boards compels a closer study, occupying more time, so that the student can no longer earn in vacation the means of defraying his winter expenses. The poor fellow is lucky if he can peruse his textbooks then, and save his brains for didactic lectures and quizzes in the coming term. The equipment of the doctor is also immensely more costly, and the changes and improvements so rapidly follow that were he to put in the latest and best the day affords it would be obsolete before it had paid for itself. We cannot afford to practise for the old fees our fathers received; our invested capital is larger and our running expenses are greater.

A good way of getting at the difficulty is to lay aside the miserable method of charging for visits and specifying each little item as the plumber does. (Not but what we would be wealthy, indeed, were we to adopt the plumber's schedules of charges for time and material!) We should always charge for services rendered, what they are worth. For instance—we are called to see a man with an irreduced hernia—we elevate his hips and lower his head, and the gut slips back by the force of gravity. How much? Don't say, so much for a visit, but think

of his means, and tell him it is worth a hundred to save him from a perilous operation. You succeed by the use of modern means in breaking up a pneumonia at the outset, and save an active business man weeks of confinement in bed, with a possible funeral at the end. Five visits—again we say, a hundred dollars if the man can afford it.

Let this method become once fairly started, and the people will learn to estimate the doctor's services more justly. Another thing—never enter a contest with your competitors as to cheapness. There is a dignified way of telling people that each man must place such valuation on his work as he feels it is worth; and you may be sure that when it comes to a choice the question of quality in "life savers" will outweigh that of cost.

No matter how good a physician one may be, the doctor must also have a share of business capacity or he will never have a chance to display his professional skill to the best advantage. Ponder a little on this fact, Brother.

THERE ARE OTHERS.

"Over and over again it has been shown in various ways that the deepest truths we can reach are simply statements of the widest uniformities in our experience."—*Herbert Spencer*.

One of the things a man learns as he grows wiser is not to disdain or ignore the experiences of others. Constantly we make the mistake of reasoning or of judging the beliefs and experiences of others on the assumption that what we know comprises all there is of truth. That this is true, even if we know all that all humanity know, we would scarcely assert openly—and yet we as-

Indiana has a fine law against abortion and soliciting it. Now let's hear of its rigid enforcement.

Minnesota forbids dispensing cocaine or preparations containing it except on prescription by doctor or dentist.

sume it in our judgments. There is a great ocean of the true, and we see here and there a little gleam of light that touches the tips of the breaking waves; and all the rest is darkness. Our brethren each see a little that we do not. It is the part of wisdom to correlate as many as possible of these observations and from them estimate the contents of the intervening spaces still enshrouded in impenetrable gloom. There are plenty of these latter—enough to make us extremely wary as to our assestions of their verities.

To bridging some of these chasms we feel that we have contributed. The doctrine of selective absorption by the cell, and the application of the vasomotor remedies to the treatment of pneumonia, have cleared up the mystery of the success of various able clinicians with diametrically opposite remedies, applied on diametrically opposite conceptions of the conditions to exactly similiar conditions, and yet with equal success. No adequate explanation of this phenomenon had previously offered. The application of the calcium sulphide saturation principle to malaria and yellow fever prophylaxis has also explained the immunity of persons who used artesian sulphur water, and harmonized this clinical observation with the mosquito infection theory without the assumption that one party must consist of fools or liars. The men who observed that malaria ceases in some cases when the water of the bayous and swamps was replaced by artesian water were right in their observation but wrong in their explanation of it. They held that the fact indicated the transference of malaria to man by the medium of the water; not suspecting that they had secured im-

munity through the sulphides in the artesian water. Their observations were correct, their inference wrong.

In like manner many of our difficulties and differences of opinion will disappear when we learn to distinguish between our observations of phenomena and our hypotheses in explanation thereof. One is absolutely true to us; the other not necessarily so.

Thus we cap the keystones of two firmly built arches in the fair structure we are erecting of Scientific Therapeutics. The work has been slow but at last the building begins to show above the ground level. Firmly planted on the bed-rock of truth, the foundations are laid upon experimental therapeutics. Every stone is tested in every possible way before it is laid in place. One hundred and fifty-five of these stones are in place, in the Textbook of Alkaloidal Therapeutics. Begin by studying them, and re-testing them. The foundation can not be too secure. Add to it by examining the numerous active principles as yet known only to the chemist. The superstructure is to consist of the clinical applications of these remedies, made in the light of an intelligent knowledge of pathology, psychology, physiology, biology—how far back can we go?

The need is for workers. The materials are plentiful. The tools are ready, of the finest temper; but we need the hands to wield them, the brains to direct them. Battleships are good, but the men who can direct the mechanical forces making up these huge leviathans of steel and power are essential. Remedies of standard strength, whose powers have been determined more precisely, by more

Minnesota forbids refills of cocaine prescriptions and giving copies to the patient or prescribing it to a habitue.

Minnesota has made reciprocity in registration of physicians optional with its State Board, not compulsory.

scientific methods, than in the case with any others, are ready for use. The most complete instructions are available for their clinical applications. The great Book of Nature is spread wide open before you, in which you may read the truths of pathology. No superhuman qualities are necessary to utilize these opportunities. Every physiologic and pathologic fact you possess, even the crudest and simplest, qualifies you to apply remedies whose powers you know; and every case adds to your knowledge of these fundamental conditions. It may look difficult, until you try it; then it is so easy that the practice of medicine becomes as simple as the alphabet. Get once out of the rough ways of a warped and unnatural method and the work of the physician is a constant delight.

Physicians who have not made the plunge listen to us and say: "Oh, you are too enthusiastic!" or, "you are too scientific for me. I am just a plain old doctor, and I can not learn these new-fangled ways after so many years of the old ones." That's just where he makes his mistake. It is not difficult but dead easy—not taking on a new burden but casting off an old one.

What is Science, after all, if it be not Truth? It is Intelligence displacing Ignorance, Superstition, and Prejudice; Comprehension instead of routine; drawing the head down by Carus' curve instead of trying to pull it by main force through the pubis and the perineum; dressing the cord aseptically instead of piling up on the abdomen half a yard of it with rotten salve to decompose as is still done in some lands; getting and applying knowledge in a thousand ways instead of doing silly things because they

always have been done; giving baby his mother's milk instead of pouring artificial abominations down his throat; giving medicines that relieve the conditions you see, instead of a prescription because some other man recommends it—it is the application of common sense, educated sense, illuminated sense—what sense you have and what you know, to what you yourself see with the eye of sense and the mind's eye.

Difficult? Bosh! It's dead easy! And because it's so very easy, simple and sure is why you, perhaps, do not catch on, why you are not as enthusiastic as you should and will be when you catch the simple truth and make it your own.

Don't be scared by the prospect of a little work. It will do you good to rouse some of those gray cells that have been degenerating from disuse all these years. We only wish for your sake it were harder. But never mind that. If we once get you interested you will work in spite of yourself.

ONE-DAY PNEUMONIAS.

The highly scientific gentlemen who have been asseverating that pneumonia can never, no never be shortened by any method of treatment that has been or ever will be devised, may find some food for thought and possible assimilation in a paper recently published in the *Berliner klin. Wochenschrift* and abstracted in the *Medical Record*. In this paper Bechtold enumerates many reports published that indicate that pneumonias of a single day's duration are not so very rare. At the Wuerzburg clinic ten such were recorded out of 1057. These presented the usual symptoms of this affection,

English shortens typhoids by sweeping out bowels and giving carbol camphor afterwards; same results as we get.—*Med. Record*.

Salge says a mother's coryza endangers nursing more than scarlatina, etc.. Tubercle alone compels weaning.

well marked, and terminated with crisis. Whether the malady ran through the classic course in this brief period or was aborted was undecided, as unfortunately no opportunity for autopsies was afforded. The quick recovery was variously attributed to unusual powers of resistance on the part of the patient or to decreased virulence of the germs. No claim was put forward on behalf of the treatment, this being in Germany.

The possibility of cases ending spontaneously in twenty-four hours being admitted, the further claim that such a result may be favored by treatment can not be so very preposterous; in fact, the burden of proof would seem to be laid on those who deny such a possibility. It is for them to demonstrate the impossibility they assert, not for us to prove a negative. Not being an apparent and palpable impossibility, we may ask what is shown by the testimony presented. We find that there is a vast mass of such evidence, going to show that when a certain method of treatment has been adopted the physician begins to meet these short, abortive cases in numbers away ahead of those shown in his previous practice. The type of the disease has not altered, for his neighbor physicians are meeting the same sort of cases and having the same results he had before he adopted the new method. As each new physician adopts this new method this experience is repeated; the abortive cases become more frequent.

This experience is not confined to any section, or to any season or year, but is repeated in all parts of the country, year after year, until the uniformity of the results following the adoption of the new method constitutes a phenomenon to

which no other explanation is possible except the application of the law of cause and effect. One man announces that a great change in the duration of his cases and their termination has followed upon the adoption of the alkaloidal method of treating pneumonia. One hundred other men testify that they have experienced similar benefits from the same change. One thousand others confirm this from their experiences; and ten thousand others follow with the same evidence. The only reply is, "Impossible, pneumonia is a self-limited disease, pursuing an invariable course." But this is shown to be untrue, even when no treatment is to be credited with the results. Is it then to be held that this short course is only impossible when treatment is given? That is the only logical position for those who still claim the uselessness of attempted intervention, and the impossibility of effective treatment.

If any benevolent gentleman will take pity on us and point out the fallacy in the above argument we will gratefully give space to his effort at our enlightenment, for the instruction of the profession and the benefit of humanity.

TUBERCULOSIS—OUTDOORS.

There is so much to be said in favor of the fresh-air treatment of tuberculosis that we have hesitated to utter a word that might be construed as an attempt to discourage the praiseworthy effort. But it looks as if a really valuable method would be shipwrecked by injudicious piloting.

Of the advantages of open air we need not speak. Tuberculosis is a disease of the house—and the closer the outside air

In case of fresh traumatic amputation of finger try replacement of the member after careful cleansing; unites once in a while.

Verbenin is useful in malarias; cholagog, nervine, expectorant, diaphoretic; with euonymin and quinine ars. or hydrofer.—Burnett.

is kept out, the greater the ravages of this malady. But—is this *all* there is to the treatment of a disease that slays more human beings than any other?

The writer has lived long enough to witness the rise, culmination and fall of a good many schemes for curing consumption. Most of them had elements of good in them, and could have been used with benefit by intelligent, cool-headed physicians, who possessed the discrimination to apply them properly to suitable cases. But each was flung into the hands of an unwittingly ignorant laity, and a scarcely less qualified set of enthusiasts in the profession, with disastrous results. Everything else was cast to the winds; the experiences of the ages deserted and all that might have rendered the method effective as accessory treatment ignored. There may be methods of treating disease so tremendously effective that the accessories may be disregarded, but such panaceas have escaped our search up to the present.

Acting on the popular fad, a little girl near us was placed in a tent in an open field, half a mile from home, and there, in due time, she died. How many of our readers can repeat this report?

There is no disease that requires so much treatment, so great skill and such constant watchfulness, such altering of remedies with shifting, kaleidoscopic changes in the conditions, as pulmonary tuberculosis. Place the patient in a tent, under the care of a master of the art of medicine like Pettit, with sedulous watchfulness to obviate dangers and conserve strength, and the results will be prolonged life, relief from suffering, shunning of dangers, combating of downward tendencies, and in a fair pro-

portion of cases even a cure, temporary or permanent.

Give the laity the impression that tent life is a cure, rendering all else insignificant, and the physician superfluous, and the "cure" will prove deadly, the method receive an undeserved setback, and the way be left open for a much less desirable form of popular delusion.

Years ago, when the craze was for certain widely-advertised localities whose air was claimed as fatal to the tubercle bacilli, the writer told Dr. Babcock that his patients would do better here at home under his care than they would in any other climate on earth without his care. Heresy, of course—we are always heretical—but this is true as related to the tent fad as it was then in regard to the mountains.

Nothing counts for the consumptive as much as a real physician who knows how to manage such cases. Open air is one agency for the treatment of some forms, and may be the most important single element but never the only one.

Now a few words to the doctor: No subject is better worth your attention than the prevention of tuberculosis of the lungs by the effective treatment of your pneumonias. How many consumptions originate in an uncured pneumonia we can only guess, but the number is frightfully large. And it is unnecessary, for we know that there is an effective method of treating pneumonia. Break it up as quickly as possible, before the malady has become firmly seated in the pulmonary tissues. Stick to your patients until every trace of the disease has vanished, instead of quitting as soon as he can leave his bed, when undue exposure, autotoxemia and imprudences

Cohn found gelatin jellies useful for the diarrheas of children and as a stomachic. Not hard to take when well prepared.

Jacobi said the time to treat heart failure is before it happens. He spoke of diphtheria but it applies to pneumonia.

generally may arrest the resolution and leave an area in the lungs well suited as a soil for sowing tubercle bacilli.

As usual our cry is, more attention to the patient, a deeper study of his physiologic processes, more insight into his pathologic deviations, a more accurate fitting of therapeutic agencies to his needs, and we might add as necessary corollaries, fewer patients and better pay for your work.

THE TUBERCULOUS POOR.

The greatest problem in dealing with tuberculosis is to do just the right thing, the best thing, for the consumptive poor. The rich and well-to-do can be sent to sanatoria and given the benefit of skilled medical attention with all that is best in modern treatment, but until the state provides adequate facilities for the care of the consumptive poor this class must engage our hearts and minds, for among them is the foundation of the whole problem.

In this connection we call attention to the following excerpt from a circular issued by the Committee on the Prevention of Tuberculosis of the Charity Organization of New York City, anent the consequences arising from the practice of sending poor consumptives to Arizona, Colorado and California:

Extensive experience has taught us that, difficult as it may be for a poor man to recover from tuberculosis in this city, he is better off here among his friends and relatives, where there are more adequate hospital and dispensary facilities, than he is far from home, where he is thrown entirely upon his own resources and where the great number of consumptives willing to work at the low-

est wages makes the finding of employment, especially of suitable employment, almost impossible.

Favorable results from climate can hardly be looked for unless at least \$10 per week can be spent for board and lodging. The stranger, who has spent a large part of his savings on railroad fare, soon finds himself without work, living in the poorest rooms, eating the scantiest and cheapest food.

The practice of advising the removal to other climates thus defeats its own aims and casts upon the charity of other communities a burden which they should not and cannot sustain.

We invite the coöperation of the medical profession, therefore, in preventing persons suffering from tuberculosis from being sent to other states unless, (a) They are physically able to work and have secured in advance a definite assurance of the opportunity to perform work of a proper character at wages sufficient for their suitable support; or (b) unless they have at their disposal at least \$250 in addition to railroad fare.

An organization which is doing practical work to solve this problem is the Salvation Army. In the December CLINIC will be found a brief description of an institution which it is maintaining in Colorado for just this class of people. We want to urge every reader of the CLINIC to help along the splendid work this noble body of men and women is doing.

NO TIME TO READ.

Once in a while we get a letter from some doctor ordering the CLINIC discontinued "because I have no time to read." This always makes me smile. I like to see a doctor busy, for to be busy means (or should) plenty of money in the purse and some in the bank—a well-stocked

Pneumonia: A hard pulse may be softened by glonoin or veratrum but in high altitudes it is uncommon.—Wilson, *N. W. Lancet*.

Pneumonia: In old people with hard pulses and asthmatic tendencies glonoin is often of value.—Wilson of Utah.

medicine cabinet, more and better surgical instruments, an office furnished with all the contraptions which help in business boosting, shelves full of books, and tables piled with medical magazines. That's real prosperity. These things mean that here is a doctor who is so much alive to his own interests, as well as to those of his patients, that he is going to have all of the tools of his trade about him so he can constantly improve the quality of his work—do as well as the next fellow and command as big fees.

There is something radically wrong with the man who has "no time to read." If he hasn't the time he should take the time, just as he should to eat and sleep. How else can he know what is going on in the medical world? What advances are being made? Does it never occur to him that the reason he lost that case yesterday was because he is *already* behind the times—even though he is out of college less than five years? The fact that very likely would have saved the life was in the magazine (likely in the CLINIC) which he never took the trouble to open. No matter how successful he may be, sooner or later he will be replaced in the affections and confidence of the community by young Jones who has hard scrabbling enough now, God knows, but who is forging to the front, because *he* has "time to read."

It's a strange thing, but you never hear of any men of the first eminence in the profession who have no time to read. Yet they must be busy or all signs fail, for how else did they attain their eminence except by knowing things that others did not know and doing things that others could not do. Read? Why,

these men are continually reading. In their "spare moments" they not only keep up with the profession, but keep ahead of it. The queer part of it is that these men have also time for recreation, for outside non-medical avocations. Virchow was a master in anthropology as well as in medicine, Billroth played the piano and knew music like a master, Weir Mitchell not only made a place for himself at the head of the psychiatrists but is one of the greatest of American novelists, while our own Senn, in the hours when other men sleep, writes medical books, books of travel, and even now and then breaks out in verse!

"No time to read?" My dear friend it isn't so. The trouble is that you are too blooming lazy (pardon the lapsus, a less forcible word will not do and we dare not use a stronger); you had rather take a nap or have a "quiet smoke" after the labors of the day, or spend your time in some other idle way, than to get right down to this building business—this making of better doctors. Gradually, how gradually you can hardly say, you got "out of the notion," and now you delude yourself with the belief that you are "too busy!" My poor friend, you are going to have time enough "for reading" or anything else after a bit. Really, wouldn't it be better to take a little time right now, and keep "in the swim?" "Work?" Of course it is, but it pays.

SOLANINE IN EPILEPSY.

From every quarter we receive gratifying testimony as to the value of solanine in the treatment of epilepsy. We have long recognized the need for an agent that will subdue abnormal irri-

We sold burdock root at 8c per lb., receiving \$200 per acre, while the neighbors cursed it as a weed.—Long, *Pharm. Era*.

We cleared weeds away for farmers, getting more for them than they got for their crops afterwards.—Long, *Pharm. Era*.

tability as the bromides do, without the vital depression and the destruction of digestion produced by these salts. This remedy seemed to us to be presented in solanine. We secured the alkaloid, gave our readers a resume of the literature on it, and placed it in the hands of the profession. That limits our functions. It is up to you, our readers, to put such agents to a clinical trial, and to determine their place in therapeutics. We are collecting all the reports we receive and in due time will place them on record in the CLINIC.

Solanine does not find and remove the exciting causes of epileptic paroxysms. Finding and removing the causes does not remove the abnormal irritability that makes these causes induce convulsions in these persons while other persons do not have convulsions from the same excitants. The two go inseparably together—there must be detection and removal of excitants and quelling of abnormal excitability, to cure epilepsy.

But solanine seems destined to replace the bromides if the subsequent experiences of our friends harmonize with their first reports.

Try it—and report.

WE'RE PART OF A CROWD.

On all sides there are evidences that somebody is beginning to sit up and take notice. We have carried on the war against pessimism and nihilism in medical practice for so many lonely years that we had gotten to look upon it as our own private quarrel, forgetting that the truths that appeal to us most strongly are those that likewise appeal to many others. So that when we read the fine

editorial in the *Medical Record* of October 28, entitled, "Is Pneumonia Incurable?" we had to ask ourselves if such strong, hopeful, sentences could have emanated from any place outside the CLINIC circle. But closer examination discloses the complete independence of the source, for while the writer enumerates about eleven successful methods of treating pneumonia, the alkaloidal methods are not alluded to. In another place a reviewer in the *Record* alludes to the black, hopeless skepticism of Osler as a therapist, in a way that must shock the men who have set that distinguished pathologist up as a little tin god to be worshipped from a distance.

VERATRUM OR VERATRINE?

Veratrine is not the alkaloidal principle of *veratrum viride* but is derived from *cevadilla*. It is however a better representative of green *veratrum* than any single alkaloid from that plant, or combination of alkaloids. The great value of *veratrum viride* as a remedy for fever and for such toxemias as eclampsia lies in its possession of the following characteristic powers: *Veratrum viride* lowers fever, quells abnormal rapidity of the pulse, opens all the doors of elimination, and relaxes vascular tension. Its safety lies in the fact that it causes nausea and diarrhea when given in doses still too small to cause dangerous weakness of the heart. By relaxing tension and increasing the elimination of solids and fluids by the kidneys, it provides for its own elimination and that of any other toxin that may be in the system.

In all these respects veratrine exactly

There is big money in growing and collecting medicinal plants on a large scale if one knows the plants.—Long, *Pharm. Era*.

Rolly found few bacteria in the small bowel, more toward the end; the bowel had a distinct bactericidal power.—J. A. M. A.

parallels veratrum, better than does jervine or any other alkaloid of this group; hence it is preferable to any one of them, and to veratrum itself because the latter is never so uniform in strength and action, and cannot be employed in emergencies by hypodermic so well—is not so speedily put to work, nor does it cause as little irritation.

The veratrine of the U. S. P. is a different preparation, consisting of a combination of active principles, hence varying in composition and effect. It is very properly limited to external use.

When catarrh of the stomach is present, a granule of veratrine, gr. 1-134, dissolved in four ounces of water, will cause a sense of burning in the stomach. The dose should then be reduced if the remedy be continued, till this reaction is no longer manifested.

Veratrine is the only remedy for continuous abnormal vascular tension. None of the nitrite group is available for a sustained relaxation; veratrine is perfectly effective, safe and manageable.

The prejudice against this remedy is difficult to comprehend. Had it been a German synthetic instead of a common American weed, possibly it might be somewhat more popular in some quarters.

WHAT DO YOU WANT?

Doctor, how do you like this number of the new CLINIC? What do you like best in it? What do you find unsatisfactory or frankly disapprove? Is there anything that you think especially strong; anything particularly weak? Is there anything we should add; anything we should omit? Go through the

Peristalsis is not bactericidal but bacteria flourish when stagnation of the bowel contents occurs.—J. A. M. A.

whole journal "with a fine-tooth comb," read it carefully from cover to cover—leading articles, editorials, gleanings, the new departments, the miscellaneous and the queries—and then send in your pointers, suggestions and criticisms.

The CLINIC is your journal. We want to make it accord with your ideals as to what "the best journal" should be—to make it fill your every-day needs. But to do this we must have your help, your sympathy and your criticisms. Therefore, tell us how we can make it better. Brethren, what do you want? Please tell us.

FADS, FRAUDS AND FOLLIES.

One of the strongest presentations of the vexed problem of the quasi-medical sects, the patent-medicine evil, and of the fads, frauds and tomfooleries generally which have fastened themselves, like an "old man of the sea," upon the "honorable art of healing," is presented in a paper by Dr. Y. L. Abernethy of Chattanooga, Tenn., the first part of which we are glad to give our readers in this number of the CLINIC. The article needs no commendation. It speaks for itself. We want "every man Jack" of you to read it.

Dr. Abernethy, as we have said before, is a fighter—but always a fighter for the right as it is given him to see the right, a modern Roland, *sans peur et sans reproche*, who makes war without quarter upon all that he believes false, insincere and unclean. He speaks warmly, because *he feels warmly*—as every medical man must who gives this question the consideration it deserves.

We need more fighters, more men like

Bile and pancreatic juice are not bactericidal alone or combined but form good cultures for microbes.—J. A. M. A.

Abernethy who, because he knows of the evils of drink, is not afraid to go into battle with the whole devilish traffic—single handed if necessary; who can not see any evil that should be wiped out without the old war-spirit rising up within him. Give us more uncompromising fighters like this, and may they all be as clean, as kindly, as courteous, as truly gentlemen, in every good sense of that much abused word, as our friend Abernethy.

GIVE HIM A BOOST.

We have always insisted that between scientific medicine and scientific pharmacy there is absolutely no quarrel, and as each profession rises higher in the ethical scale they approach each other more nearly on the plain of amity, good will and community of interests. We therefore take particular pleasure in calling

thankful to know that there is at least one pharmacist who takes such a stand, and we ask our readers that every one of them, within a hundred miles of Lee's Pharmacy, should recognize the act by sending him every bit of custom they can properly throw in his direction. And whenever they find a strictly ethical, scientific pharmacist like Lee, they should utilize the whole weight of their influence to emphasize the distinction between him and the other kind. By so doing you will encourage the sort of pharmacy that respects itself, and deserves a place by the side of truly professional medicine.

Keep your eyes open, Doctor. If you have in your town an honest pharmacist like this, capable and skilful, "give him a boost" whenever you consistently can.

A GOOD NUMBER.

The November issue of *Southern Medicine and Surgery*, published at Chattanooga, Tenn., and edited by our good friend, Dr. Raymond Wallace, is a special "quarantine number" and contains a full report of the Southern Immigration and Quarantine Convention which held its session in Chattanooga. We wish to compliment Dr. Wallace on this number; it is a good one, profusely illustrated and contains a detailed account of the work of this important meeting. A resolution was passed asking the United States to take charge of quarantine matters and to make an effort to stamp out the yellow-fever mosquito.

Send for a copy of this excellent journal.

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Lee's Pharmacy

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BUILDING

the attention of our readers to the following advertisement clipped from *Northwest Medicine*, placed there by a pharmacist located, we believe, although unfortunately the advertisement does not say so, in Seattle, Wash. We are

The living intestinal walls exert a bactericidal action the exact cause of which is not definitely known.—J. A. M. A.

Acidity of chyme entering small intestine inhibits bacterial growth; quick exchange of reactions also inhibits.—J. A. M. A.

LEADING ARTICLES

THE OUTLOOK: A CALL TO LABOR.

BY WILLIAM F. WAUGH, M. D.

TO anyone who scans the pages of medical periodicals it is evident that a great change is manifesting itself. Signs of renewed activity in therapeutic lines, of a healthy reaction against the ultra-scientific spirit that despised utility, are cropping up in the most unexpected places.

No portion of the people is more susceptible to the influence of fashion than the medical profession. During the past quarter century the Vienna school has enjoyed the hegemony of the medical republics, and her ideal of the worship of pure science, undefiled by any consideration of such a vulgar thing as utility, has prevailed. But the time has come for the divinity to be called in question. The jackal head of Anubis is discerned behind the semblance of the Shepherd, and through the swirling clouds of smoke from the incense emerge the frightful lineaments of Moloch instead of the beneficent features of Jahveh.

After all, this emasculated species of science is wholly exotic, un-American to the last degree. American science has from its inception been characterized by intense practicality. In 1833 De Tocqueville wrote that the American cared only for such science as he could put to immediate, practical use; for science merely as such he cared not a jot. When one sees about him countless opportunities

for the application of such utilitarian knowledge going undeveloped, while men and women and little children are suffering and dying for want of just that knowledge, he must most earnestly pray that the present-day American may return to the low ideals of his forbears, and leave the strictly ornamental departments to be cultivated at a time when there is less crying need for the practical part.

And that is exactly what the present-day American doctor is doing. He is revolting against the theory that deprives the doctor of all value, and transforms him from a true helper in times of trouble into a dilettante spectator.

The nihilistic school found its greatest exemplar in Osler. This distinguished pathologist knew nothing of real therapeutics, not even enough to realize that such a science existed; yet the strength of his personality, the weight of his authority, were such that he has rested and his memory still rests like an incubus on the profession of his adopted country. England has given him a hearty welcome; we are glad she has done so; we hope he will stay there. Scarcely had he left our shores when evidences of a revolt against his sway were manifest. A reviewer in a great Eastern journal had the temerity to speak of his "black, hopeless therapeutic pessimism," as if that were an objection, as if this were not an imperial crown on his head.

Therapeutic papers begin to reappear in the journals; and here and there a medical paper contains some stout assertions as to the value of treatment. There is an unwonted tone of positiveness about these also — no timid suggestions that, peradventure, the remedies may possibly have exerted some not altogether unfavorable influence on some of the minor phases of the complaint, but good, wholesome claims that the drugs were administered because their effects were evidently needed, and that results confirmed their expectations. Therefore, we begin to surmise that there still remains a modicum of latent virility in American medicine. Whatever may be the state of affairs in Europe, America still possesses a share of that redundant masculinity that has carried and keeps her to the front in the hot race for pre-eminence among the nations of the world.

Singularly enough, this revival of belief and interest in therapeutics is not manifested in the quarters where it should be most legitimately expected. Therapeutics in the medical colleges is dead. Bartholow inaugurated a revival years ago, but the time was not ripe, and his influence was insufficient to stem the tide of pessimism then swelling. His successor, Hare, by his strong personality stands today as the most prominent figure in American therapeutics among the teachers of this branch; but there is scarcely a second whose name is known beyond the walls of his own institution—and even here he is never the leader—the acknowledged strong man of the faculty, but rather the man of mediocre importance, to

whom is assigned a chair of still less importance that “anyone can fill.”

The strong personality is of course the surgeon; the therapist is of so little account that some prominent institutions have actually abolished it, leaving the whole department in the hands of an “Assistant Professor of Pharmacology,” or as in one instance, a “clinical assistant!” Doubtless even this shadow would disappear from the faculty list, were it not for the requirements of the State Examining Boards, which not unreasonably demand that the physician should receive at least nominal instruction in the matter of drugs and their applications.

It may be worth while to glance at the causes of this depression of what should be one of the most vital of the departments of a medical education. We find in current medical literature a countless number of more or less witty, epigrammatic references to the worthlessness of drugs as remedies. These have long served to lighten the dull pages of our journals. Medical wit seems to have settled solidly into this groove, scarcely any other variety of the “medical” joke passing current. Holmes said that “if all the drugs were cast into the sea it would be better for man but bad for the fishes!” Holmes was a surgeon and a teacher of anatomy; and the extent of his own knowledge of therapeutics may be judged by his recommendation of Himrod’s Asthma Cure as his best remedy for that malady. We may appreciate the wit of an epigram, but we make a serious mistake when we take it as current coin at its face.

Nevertheless there has been but too much reason for looking with contempt

Wolffberg uses dionin in hemorrhagic glaucoma; Sanz Blanco injects it in intraocular hemorrhages.—*J. A. M. A.*

Snyder tried dionin in conjunctival hemorrhages with no benefit; in beginning pannus it cleared cornea best of all.—*J. A. M. A.*

on the crude, archaic therapeutics of the past. The legacy of a crude age, it possessed in full the rudeness, superstitions and uncertainties of a former age. Nowhere is the spirit of conservatism stronger than in medicine, and the dependence on certain drugs and methods grows more habitual as they are handed down to each successive generation. Our frame had so developed that unconsciously we had outgrown our therapeutic dress. The old broken shoes no longer kept our feet dry, but they had become fitted to them; the new ones look stiff and uncomfortable, so we hesitate to put them on. The steady and imperceptible change that goes on in all other departments of human activity scarcely manifests itself here, where the tendency is so strong for practice to become crystallized into set formulas, which are handed down from generation to generation. Nothing but a cataclysm, a violent breaking up of old things and the erection of new edifices among the ruins of the old, could make the decided alterations necessary to bring Medicine up into line with the progress made in other branches of science.

Progress is never continuously progressive but intermittent; and we frequently find it interrupted by periods of stagnation, during which recuperation is perhaps obtained. Possibly this stage of nihilism was a necessity to precede an unusually strenuous effort, for which our forces had to be accumulated. If so, its purpose has been served, and now is the time for the active manifestation—the renaissance of therapeutics. The long-clinging bonds of empiricism have been broken, and a new therapeutic system, worthy of faith, has been devel-

oped just as the necessity for it has become acutely manifest.

The old *materia medica* has been characterized by its crudity, uncertainty, and general inefficiency. Success meant the reward of a happy guess—and be the guesser never so lucky, he will not always guess right. In fact, it may be maintained that nothing is so really unlucky for the guesser as a guess that proves correct. Meanwhile it is unfortunate for the victims of the guesses that fail to make good. The whole miserable system on which the old therapeutics has been based may, with great advantage, be swept aside, and replaced, piece by piece, with the new as it is elaborated. Let us take the remedial agents we know, whose nature and action are alike uniform and unvarying; let us study each to the ultimate possibility, seeking applications for its peculiar powers in practice, and there stop until each successive piece has been elaborated, before we attempt to build it into our structure.

About the only bright spot, during this period of therapeutic depression, was afforded by the enterprise of the manufacturing chemists. They promptly moved in to occupy the vacant field, and since the doctor had lost faith in his ancient remedies they supplied a line of new combinations, the old under new forms, which they urged upon him with a vehemence that carried a certain degree of hopefulness with it. The dispassionate historian will not refuse to these gentlemen the credit they justly deserve, in filling fairly full (if not always well) a gap that, as it was, let in too many of the quack fraternity. To the men who devised remedial combinations of assured

Glaucoma: Snyder prefers dionin to eserine, relief from pain being very marked, from lessening of pressure.—*J. A. M. A.*

Dionin: Best results followed placing specks of the powder on cornea; more points the better the relief.—Snyder, *J. A. M. A.*

value and promoted them successfully, we owe far more than at present is acknowledged. The proprietaries were distinctly better in many respects than the crudities that preceded them, and they still serve a useful purpose, though the development of the newer method is pushing them, in turn, into obsolescence.

Twelve years ago THE ALKALOIDAL CLINIC was founded, with the view of pushing the claims of the active principles as remedies. The advantages of these agents were evident—they were uniform in nature and unvarying in effect, their powers had been studied out with a completeness of detail impossible in the case of ordinary drugs, and their clinical applications could therefore be made with the utmost precision, from a certain knowledge of their action on the functions of the body. Many other advantages were found to accrue to their use, such as the smallness of the dose, their quick solubility and absorbability and consequent promptness in getting to work, the ease of administration, the certainty of prognosis as to manifest effects, and hence the precision possible in directing the attendants of the sick, etc. These advantages were so obvious that little theoretic opposition to them was manifested. Everyone acknowledged that this was "the coming system"—but not that it had already arrived.

The system had been scholastically advocated for some years—fifty in Europe—but made little actual progress in the practice of the profession, until the time was ripe. It was being discussed in a decorous, intellectual manner, in this country, with no undue display of enthusiasm, when suddenly there burst in among the quiet assemblage a huge

chunk of Vermont granite, within whose meshes had been compressed a Western cyclone—and things were promptly doing! The academic quietude vanished, and instead there was a strongly insistent clamor for immediate and radical reform.

"Men were dying because we sat discussing when we should be up and doing.

"Now, *now*, now is the time to do the right thing, because it *is* right.

"Hang expediency! Bother your talk! Get busy; get to work; do it now!"

Here is a reform so palpably evident that you haven't a decent argument to adduce against it; a reform that means a saving of lives now being lost; a manly stand against interlopers and for the dignity and emoluments of our profession, that are being carried away from our homes before our eyes—and yet you sit here and *talk*:

Wake up!

Hustle!

Whew!

Many resented the rude awakening. Some sneered at it; others opposed; many sat stolidly back and refused to be stampeded—or to budge from their comfortable seats. To some, however, the sensation was not unpleasant, but, rather, like the beneficent shock following a cold bath; and the aroused vitality, the reviving energies, were really exhilarating. Hope began to spring up. Examination of the matter served to induce a conviction of its true value; and the more it was studied the greater appeared its possibilities for good to the profession and to humanity. Faith is forthcoming as soon as it becomes evident that there is a sufficient basis for

Never incise a swelling in the course of a large artery without making sure that it is not an aneurism.—*Am. Jour. Surg.*

In wounds made by coal on exposed parts of the body remove all particles of coal dust; otherwise there will be pigmentation.—*A. J. S.*

faith. As fast as one becomes imbued with faith he feels the need of imparting this to the others—and where is there an occupation as delightful to man as the inculcation of life-saving truths in the hearts of his fellows? Hence the result.

Under such vigorous promotion the affair was bound to grow—and grow it did, until it is safe to say that there is not a physician in America who has not had his attention at least forcibly and truthfully if not always elegantly (yet always ably) directed to the merits of the active principles as medicines. Sometimes a man draws aside distrustfully, and coldly refuses the proffered discussion—but he is simply backed up into a corner, and his eyes and ears are propped open if necessary until he has received his lesson—then, if he proves too encrusted with prejudice to be thawed out, he is buried with the rest of the fossils and let alone thereafter, or incubated to a new birth.

But in the meantime, we who advocate alkaloids have not been the only workers. In other lines men have been developing remedial agencies of permanent value. While we look upon the active principles as the main agents of this therapeutic revolution, we are too loyal to our professional principles to advocate them to the exclusion of other agencies of value. Hence the time has come when the name of “alkaloidal” has ceased to represent the true status of this movement. It is not the alkaloids alone we advocate but Scientific Therapeutics, of which the active principles form a very essential—in fact the greatest part, but still only a part. We align ourselves with every man in medi-

cine who believes in his art, and who wants to make himself as useful to his patients as he possibly can, and is ready to avail himself of every proper means of aiding them on the way to recovery. The broadest platform is none too broad for us; the most ethical standard none too high. We reach out our hands to join those of every earnest, honest worker; if he doesn't meet ours in friendly grasp we will take what good he has created and use it anyhow.

We have an abiding faith in Therapeutics, of the drug variety especially; we have a wholesome, happy, confiding faith that the beneficent Creator has designed for every human ill an antidote, leaving to us the salutary task of discovering and applying it. We have ourselves developed some applications of therapeutic agencies that we deem of permanent and profound utility; and we believe that among the 140,000 other physicians of America, there are just about that number who can, if they will, aid in this work and add to the sum of our professional stock of knowledge.

We believe that no group of men has ever formed a wider or closer acquaintance with the same number of physicians than we have, and the more we know of them the higher is our esteem for this the most modest, self-sacrificing, highest-principled, and most capable class of Americans. The renown accruing to our country and people from the great work done by our medical representatives in Cuba was no surprise to us—we knew they had it in them. The possibilities existing, unconsciously to them, in these men of the medical profession are beyond calculation.

Our work is syncretistic. We seek to

After major amputations have elastic constrictor at the head of the bed ready for secondary hemorrhage.—*Am. Jour. Surg.*

In performing subcutaneous infusion do not introduce too much fluid in one area; danger of tissue necrosis.—*Am. Jour. Surg.*

draw together and to unify the observations of many thousands, to bind into a strong fagot the many individuals whose force is now largely wasted. The man most welcome to us is he who sees wherein our work can be bettered, and who will show us this by bettering it. No petty jealousy will meet his efforts. We are not vain—but, the rather, only too conscious of our own deficiencies and shortcomings. There is work, strenuous and vital, for the whole vast body of

American physicians to whom we appeal!

We seek to rejuvenate, to develop, to recreate, to vivify Therapeutics. Come and help us do it. We need you. The profession and the world need the help of every man who is willing to do a stroke of good honest work. The field is ripe to the harvest! Put in your sickle, Brother, and, for the sake of humanity, for our own professional betterment, leap, work, *from sun to sun*.

Chicago, Illinois.

SHALL THE SPECIALIST PAY A "COMMISSION" TO OR DIVIDE A FEE WITH THE GENERAL PRACTICIAN?

A DISCUSSION OF THE EQUITIES OF THE QUESTION.

BY EMORY LANPHEAR, M. D., PH.D., LL.D.

Formerly Professor of Surgery in the Kansas City Medical College; Professor of Principles and Practice of Surgery in the St. Louis College of Physicians and Surgeons; Fellow of the St. Louis Academy of Medicine.

TO the question, Is it ever justifiable for a specialist to pay a "commission" to the family doctor for business sent? there can be but one reply: No! Any physician who would try to sell his patient to the highest bidder among the specialists is a rascal of the worst type. No reputable surgeon, gynecologist or any other specialist will consider any proposition from such a doctor, nor will he offer to pay a fixed commission on fees he may receive from patients sent him; any man who does so should be regarded as incompetent and dishonest.

COMMISSIONS NOT JUSTIFIABLE.

If the practice of paying a commission for all business sent were universally accepted and practised, the logical course of events under the plan, so far as concerns the physician himself, would be:

That very soon the least competent operators would offer the best "commissions"—and have the highest death-rate, thus hurting the family doctor at last far more than he could possibly gain, not to mention the injustice to the patient; better specialists would have to "compete" or starve; and the ultimate result would be deplorable from every standpoint.

We may therefore conclude that it is not right for the doctor to demand nor the specialist to pay a commission.

DIVISION OF THE FEE DIFFERENT.

But—there is a vast difference between paying a "commission" for all business supplied and dividing a fee under appropriate circumstances. For a *division of the fee is not only proper, it oftentimes is imperative, if an injustice is not to be done the family doctor*. This is not to be regarded as a "commission"

The University of Kansas has on its Faculty twenty-seven Professors of Surgery and not one on Therapeutics.

Northwestern University leaves Therapeutics in the hands of an "Assistant Professor of Pharmacology."

for business sent to the specialist, nor is it to be made for consultations or simple, referred cases; it is when the specialist and the general practitioner work hand in hand on the same case; practically for the time being, they are partners; dividing the work, the responsibility and the fee.

THE SPECIALISTS' ATTITUDE.

A large proportion of specialists claim that if a patient is affected by an ailment beyond the skill of the average practitioner, it is nothing but right that he shall be sent to the specialist, with a letter explaining previous condition and treatment, ability to pay, etc.; and that the specialist shall do the best he can for him, accept the fee and thank the doctor, returning the patient to his usual family attendant at the earliest possible moment; not taking the general practice of the man's family himself (as has frequently been done in this and other cities by "specialists"), nor turning it to some friend. This is the ideal relation between specialist and doctor, where the specialist for the time assumes sole charge, and the whole responsibility. There should be no "commission" paid in such a case; no "division of the fee" mentioned.

Nor should there be when the specialist is merely called in "consultation." Then he goes to the patient with the doctor, makes his examination, gives his opinion and advice to the attendant, receives his honorarium, and leaves the case to the family doctor. Here also it would be the height of absurdity to offer or ask a division of the consultant's fee.

THE OTHER SIDE.

Unfortunately the "ideal" condition

does not always prevail. Only too frequently the family doctor does far more work than the specialist, assumes much more responsibility and receives practically nothing for his services. Sometimes every available dollar is paid to the specialist, who in his "greatness" forgets the interests of his brother. If one suggests that a part of the fee be given the attending physician the hands of the specialist are raised in horror as he exclaims, "It isn't ethical." The truth of the matter is that such men are egoists—every one of them—men working solely for their own financial benefit, regardless of the interests of their struggling brethren of the field of "general practice." It isn't excess of moral sense which makes them condemn the practice; it is pure selfishness: Disguise it as they may, it is merely the fact that they want the whole fee, as well as the whole credit, for work which is frequently borne in greatest part by the family doctor. The specialist gets the money and the physician gets the "cussing" if things go badly.

INJUSTICE TO THE DOCTOR.

Specialists who severely condemn division of the fee, regardless of circumstances, are doing a world of harm; but they are not perhaps to blame—some men never can see the right side of anything, precedent and prejudice are so blinding; and then there is the ever-present avarice to contend with.

I have known a most kind, skilful, humane physician, poor as the proverbial "Job's turkey," who canvassed the county in which he lives in order to secure by subscription the sum of \$125 to pay the expenses of an operation for

The Michigan College of Medicine and Surgery leaves Therapeutics in the hands of a "Clinical Assistant and Lecturer."

In chronic malaria euonymin and calcium iodized would be a good combination. Chionanthin if very bilious.—Burnett, *Med. Sum.*

ovarian tumor, the poor woman herself being able to raise only enough money to purchase her railroad ticket, with \$1.75 for "incidentals." This worthy doctor borrowed money for his own ticket to and from the city, accompanied the patient to the hospital, paid \$25 for her three weeks' care there; boarded at a "15-cent restaurant" for three days, until the patient was out of danger, and then paid the operator the fee previously agreed upon, \$100. As he did so he briefly (and all too modestly) explained the situation to the surgeon. Did the latter "strain the code of ethics" and divide the fee? No, he simply shrugged his shoulders and said, "I never divide a fee—it isn't ethical!" I call such a man an ETHICAL HOG.

Another instance: A patient of a country doctor has—we will say—a cancerous growth. He consults his regular medical attendant many times about an operation, spending hour after hour in the office talking of the case before deciding to "have something done." Does he pay the doctor for his time and advice? No—people in the country pay for medicine, not words; most of them would be insulted if the physician charged for mere advice. So week after week the doctor works with the patient until he finally consents to surgical treatment. Then, though he may be fully as competent to operate as is the city surgeon, he accompanies the patient to the hospital, seeing that he does not fall into the hands of a surgeon other than the one deemed most skilful, and assumes his share of the responsibility as to results; after sacrificing the fee he himself might have received for doing

the work at home. And what does he get for his advice, trouble and sacrifice—all in order that he may secure the best possible results for his patient? Probably his expenses and \$10 to \$25 for loss of time while away. Under such circumstances is he to be adjudged "unethical" for accepting a part of the large fee paid the operator? Or the surgeon criticised for offering it. *I maintain it is the duty of every specialist to ascertain whether or not the regular attendant has already been, or will be, paid sufficiently well for services rendered; if not—then to divide the proceeds equitably.*

INJUSTICE TO THE PATIENT.

The specialist who never thinks of dividing the fee is not merely failing to give the family doctor his just dues, *he is doing future patients a very grave injustice by leading the general practitioner to attempt that for which he is ill-prepared. For, rather than lose all the fee, many a doctor will delay operative treatment until too late, or worse—will try to perform operations he ought never to attempt.* Not every man can successfully remove an advanced cancer of the uterus, or safely trephine a spine; not every country doctor, or even "court-house" surgeon, can properly extirpate a kidney or extract a cataract. Medical education will never reach such a degree of perfection that every graduate can be made competent to perform certain formidable, hazardous operations—particularly after some years of inactivity in operative work while "building up a practice;" nor will every practitioner desire to do operative work, even though competent; tastes differ. So there must

Caffeine *ars.* neutralizes the stupefying effects of tobacco; and its asthma, dyspnea and cerebral congestion.—Price, *Med. Sum.*

Glonoïn in labor for cold feet and hands, chilliness, when usually the pains are weak and without force.—Landers, *Med. Sum.*

ever be men who limit their work to certain fields; ophthalmology, operative surgery, etc.; indeed, it is well that it is so, for "practice makes perfect."

SHOULD DIVISION OF THE FEE BE SECRET?

Perhaps the most important question pertaining to division of the fee is whether or not the patient should be told that the physician and the specialist are taking the case for a joint-fee. It can not be denied that under ordinary circumstances *there should be no secrecy about the matter*. When a man goes into court he employs a lawyer to conduct his case; if it be a very important one his attorney says, "I shall need help and will secure Judge Blank as counsel; our charge will be \$500"—and the man doesn't care how the lawyers divide the fee; it is none of his business. So should it usually be between doctor and specialist: The patient should be told plainly that the money paid is to be divided between the doctors in proportion to the value of the services rendered by each. Most people prefer this mode of settlement; letting a certain sum cover the entire expense. In practice the matter is very easily arranged. Take my own way as an example.

HOW DIVISION IS RIGHTLY ACCOMPLISHED.

My work is limited exclusively to surgery and gynecology; more limited still than the average "specialist's" for I accept no patients save those sent by doctors—with the public in general I have nothing to do. My financial as well as professional success depends entirely upon the good opinion of physicians. To them I have repeatedly said I detest the

practice of "paying a commission" for business sent, I never do it and never will; it isn't right. Nor is it proper to divide the fee for a simple consultation. But my work is such that I seldom can look after the patient either before or after operation. So when I am called to operate I generally say to the patient, "Your doctor and I will do what is necessary for \$—, and we will divide this between us according to the amount of work and responsibility assumed by each of us." Or, in many cases, I say to the doctor: "This operation and after-treatment should be worth \$500. Can they pay that? Will you be satisfied to accept the fee from them, pay me \$300 and keep the balance for your services? If so, tell the people plainly what the entire cost will be, let them pay you and then you can settle with me." If there is anything wrong in either plan I fail to see it. The patient certainly suffers no injustice; the regular attendant is not subjected to financial loss that the specialist may thrive; and the operator has received his just share—no more and no less. *Division of the fee in suitable cases is right; and is bound to grow more frequent.*

WHAT IS RIGHT?

After a most careful study of the subject (from the standpoint of one who has been a country doctor as well as a city specialist), I have reached these conclusions: (1) In ordinary consultations no division of the fee should be thought of; (2) in cases simply "referred" to the specialist for treatment no division of fee is usually proper; (3) when specialist and doctor jointly attend a patient, division of the fee is

For bleeding fibroids, ergotin 2, digitalin 2, every 2 hours; iodized lime gr. 2-3 five times a day.—W. C. Derby, *Med. Sum.*

Camphor, vasoconstrictor and very energetic heart tonic, is useful when morphine is stopped for habitues.—Erlenmeyer.

honorable and just—no attempt being made to conceal the transaction from the patient; (4) when the specialist operates in the home of the patient, in city or country, and the physician assists and assumes the responsibility of the after-treatment, it is the duty of the operator to ascertain whether or not the regular attendant has been, or will be, paid sufficiently well

for services rendered—if not, then divide the fee in proportion to value of services rendered.

In other words it is never right for the "great specialist" to get all the money and the regular attendant to get nothing; both deserve more than they ever get—but the "home doctor" is the one who usually suffers most.

St. Louis, Missouri.

THE TONIC ACTION OF DIGITALIS WITH ESPECIAL REFERENCE TO ITS MOST DESIRABLE ACTIVE PRINCIPLE— DIGITALIN.*

BY W. C. ABBOTT, M. D.

PERHAPS one of the last drugs which the practitioner would think of when choosing a "tonic" would be digitalin and yet he might "go much further and fare infinitely worse." Iron, strychnine and the host of bitter tonics act, as a rule, only as correctives of atonic conditions of the gastric mucosa and tend to increase the appetite. The drug which would make a person ingest more food-material without enabling him to digest it would be really more injurious than beneficial. Yet, as a matter of fact, this very thing happens time and time again. Some anemic, debilitated person complains of a poor appetite, a weak feeling, etc., and the doctor promptly gives quassin, strychnine or quinine, or some similar combination without at the same time making sure that the digestive system is capable of handling properly the amount of food stuff presented to it under the new stimulation.

*Read at the Northern Missouri Medical Society meeting, June 15, 1905. Republished from the *Medical Herald*.

Gelsemium is useful for nervous asthenia and stage fright (Fortnightly). Gelseminine may equal cocaine and is safer.—Ed.

Just here is where so many tonics fail to tone; and it is because the doctor fails to think things out that the chronic debility case has become an opprobrium. Now what is the ideal method of treating these cases? Naturally it is impossible to formulate any set rule which will apply constantly, but the main things to do are to cause the patient first to desire more nutriment and second to render him competent to utilize food matters properly.

Now, to begin at the beginning, we must bear in mind that "the blood is the life" and that with a deficiency of good blood no living thing can be normally healthy. There may be no marked or definite disease, but resistance is lowered and the vital force is just so much below par as the blood stream is beneath the average in quantity or quality. Given an insufficient supply of blood and the stomach refuses to do its duty; overload the digestive tract to which there flows an insufficient blood-current and nutrition suffers. Therefore we have, in the

For obesity and the acute gaseous dyspepsia of fatties Bartholow recommended potas. permanganate gr. 1-4 to 1.

case of the anemic or chlorotic patient, first of all, to use the blood-supply available in order to make more of a better quality.

Let us suppose that the physician has attended to the primal necessities and cleaned out and rendered normally absorptive the gastric and intestinal mucosa, that he has cleaned away the debris and the effete matter and stimulated the glands to an effective point. Now the thing to do, is to administer food which is best suited to the individual case and then to insure its assimilation. If we can only get the patient to take enough to repair immediate waste we can keep him alive, but we cannot thereby better his condition to any material extent; while if we force him to eat more than he can digest we simply make matters worse.

Now if we can increase the usefulness of the blood—if we can make every ounce present in the body do the work of two we can double the assimilative power and each day increase, not alone the working capacity of the individual but absolutely add to the amount of living tissue.

It is easy to see why a full-blooded and healthy individual keeps on getting "fatter" and equally evident is it to the thoughtful man why the dyspeptic gets thinner and thinner despite the amount he eats.

In the light of the above it is rational to expect digitalin to be, as it is, the drug par excellence for use in the class of cases under discussion, and the reason why it is effective is obvious to those who have studied drug action.

It would be impossible for us here to discuss the vast subject of metabolism

and nutrition. But cellular function is dependent upon the blood-plasma derived from the arterial side of the circulation. The maintenance of circulatory equilibrium is essential if we would have normal metabolism, for unless we maintain cardiac action and arterial propulsion we deprive the tissues of that normal supply of oxygen-bearing intercellular plasma which depends upon the mean pressure existing between the arterial and venous sides of the circulation.

In all cases of disturbed nutrition there is also more or less disturbance of the circulatory system (especially is this true as regards circulatory equilibrium) and it becomes essential to restore normal conditions by the use of those remedies which will increase the functional activity of the heart and regulate the propulsion of blood through the arterial system. Provided there be no sclerotic or other degenerative changes of the vessel-walls, and that the heart itself be not organically diseased (and these conditions seldom exist in cases of debility or anemia with nutritional disturbances) the free use of digitalis will produce just the conditions we desire.

Digitalis, however, is a complex drug and it is essential that the active principle, digitalin, be used, or a very reliable tincture. In the ordinary specimen of digitalis, digitoxin and digitophyllin are present in large quantity, while digitalin and digitalein are in smaller quantity. Digitonin, a saponin-like principle is also present. Digitalin, digitoxin and digitophyllin are almost insoluble in water but dissolve readily in alcohol; digitalein is freely soluble in water. Digitonin, however, renders the three alco-

Lecithin increases phosphoric acid excretion by urine, not nitrogen, increasing number and richness of red blood cells.—Levy.

Operating for hernia, cut till you come to the gut; and you will be a d—d fool if you cut the gut.—Ellerslie Wallace.

hol-soluble principles fairly soluble in water, so that an infusion usually has a fair proportion of all principles. The alcoholic tincture takes up the heart-tonic principles, and not the digitonin and digitalein, which are antagonistic diuretic principles. Thus, an infusion of digitalis is really the best diuretic, and, of the galenic preparations, the tincture is the best cardiac tonic. The two other principles, digitin and digitoflavon, are of little real value in either direction.

As an evidence of the complex action of this drug a recent authority may be quoted: He says, "It is positively criminal to prepare an infusion by dilution of fluid extract or tincture, since alcoholic and watery solutions contain the active principles in totally different proportions." The advanced therapist, therefore, being well aware of the unsatisfactory results obtained from fluid preparations, will use only digitalin in small repeated dosage; and when this is done he is assured of obtaining good results.

All the glucosides of digitalis except digitonin partake of the three characteristic systemic effects—heart tonic, diuretic, and artery-constrictant. These are exhibited in different degrees, however, digitoxin being so powerfully constrictant that it is unsafe in full doses, since it checks its own elimination and is retained in the blood with other principles that are capable of exerting a toxic effect. Digitalin is perhaps the most notable heart tonic; but digitalein exerts this power to a sufficient degree, and is besides the most effective of the diuretic principles; so that it is the safest for general use, since it provides for its own elimination and cumulation is im-

possible with it. Besides, it is water-soluble, and may be administered hypodermatically, and gets to work more quickly than the principles that are only soluble in alcohol. For these reasons the profession has learned to prefer for general use the so-called Germanic digitalin, which consists principally of digitalein. The sole use for which digitoxin is best suited is as a hemostatic, but here it is superfluous because we have so much better agents, atropine being much speedier in getting to work, ergotin more enduring, hydrastinine in all ways more effective when uterine hemorrhages are concerned.

Against all the galenic preparations of digitalis, the powder, infusion and tincture, the fatal objections apply—they are alike uncertain and variable in strength, slowly acting, because it takes a long time for the digestive fluids to dissolve out the active principles from the encumbering dirt, and from the presence in varying proportions of digitonin, which directly antagonizes the tonic glucosides and renders the action uncertain. For if the digitonin happens to prevail in strength we shall have relaxation of vascular tension and weakening of the heart instead of the desired toning. It is only from this relaxation that digitonin is diuretic, so that instead of aiding the effects of digitalin it nullifies them. If the obstacle to normal diuresis is too great tension of the renal arteries, shutting off the supply of blood from which the urine is excreted, digitonin would be useful, were it not that in aconitine and veratrine we have such excellent relaxants that no more are needed. If the difficulty is a loss of tone in the renal arteries so that they are

Almost the entire science of therapeutics is nothing else but more or less refined and varnished empiricism.—Heinrich Stern.

The better a practitioner has trained himself to administer to the immediate needs of a patient the better physician he is.—Stern.

flabby, and the heart can not pump the blood through these and other vessels, and the serum oozes through into the cellular tissue, give just enough digitalin to stiffen the walls and enable the heart to utilize all its force upon the forward driving of the current, instead of wasting its energy striving to force open the flabby walls, and we get a decided diuretic action. But if the vessel walls already possess the normal tension, we get no effect or an injurious one from digitalis, and that is exactly what we as clinicians have so often noted.

The whole matter after all, resolves itself into one of vasomotor tension, or rather equilibrium; and when we want to regulate tension we must have agents of whose effect we are sure, as to both nature and degree—quality and quantity of action—not an uncertain mixture of antagonistic agents, which may happen to relax, or to tone, as the case may be. The beauty of this is that it is so perfectly easy to ascertain exactly which effect we need, by simply feeling the pulse and judging as to its tension; when our relaxant veratrine or our tensile digitalin may be given with perfect confidence. These are our plain and sufficient reasons for preferring Germanic digitalin over the uncertain galenics, with such masters of therapeutics as Beates of Philadelphia, who has repeatedly directed attention to the exceeding value of digitalin in many abnormal conditions.

The more blood under proper conditions we can force through the system, the more active the digestive process; the more food we can get assimilated, the more blood we shall have to work with; and the more blood, the more food

required to supply the increased waste; thus, we find the whole problem resolve itself into the necessity for initiating the preliminary circulatory force, to permit of normal metabolism. Digitalin supplies that force perfectly and safely. It is therefore the first to be thought of and most important tonic we can possibly exhibit in nearly all conditions of debility.

However, the practitioner should not get into the habit of using the drug as a routine measure and without due consideration of the physical conditions existing in his patient. If the digestive tract is laden with waste and the rugae contain fermenting and germ-laden debris, it is far from desirable to throw more of the toxins there generated into the system; if there is a catarrhal condition of the stomach, digitalin is contraindicated *pro tem*. In such cases it is imperative to set up better conditions, and to do this small doses of the mild mercurial salt, with some one of the hepatic alteratives; podophyllin, leptandrin, juglandin, or colchicine, followed by a saline flush, will prove most effective. In this way the liver is rendered more fit to take care of the added work which will be forced upon it as soon as we begin to exhibit digitalin. If relaxed catarrhal conditions of the gastric mucosa exist, hydrastin and juglandin are the best remedies and if continued for a few days will produce a marked change for the better.

Having thus prepared the way the next thing to do is to start the revolution gradually. Strychnine or quassin should be given in small doses one hour prior to meals and anorexia thus be overcome. Every two hours digitalin, gr. 1-67, should be given, and as the appetite in-

Hypothesis needs its wings clipped a bit just now, when it springs from shallowness, conceived in insincerity.—Heinrich Stern.

B. typhosus is present in blood, all cases, of typhoid in second and third weeks, with fever 102° F. or more.—Duffy, J. A. M. A.

creases and the improved complexion evidences the effect of our medication we should add some simple intestinal antiseptic—calcium or sodium sulphocarbonate. Either of these may be given an hour after food, in one, two or three-grain doses; thus we take care that none of the waste becomes injurious. This being done we shall see that we have brought about a most tremendous change. There is now a desire for food; such food as is eaten is converted into blood and tissue, and under the stimulus of normal metabolic processes the organs do their work properly. Now we can safely reduce the amount of drug and give gr. 1-67 every three and later

still every four hours. At this time it is well to aid nature to establish normal blood proportions and to do this we exhibit, after meals, the tonic arsenates of iron, quinine and strychnine with nuclein. We keep the digestive tract flushed with a daily saline draught and leave the patient to get well.

It will be seen by those who have followed the argument that in the whole treatment digitalin plays the main role, that it is indeed the key-stone of the new edifice. Under the circumstances it is not perhaps too much to say in certain conditions that digitalin is our *most important tonic*.

Chicago, Illinois.

HOW WE DO IT IN BOURBON COUNTY.*

BY W. C. USSERY, M. D.

WHEN, as a guest of this society at its Torrent meeting in June, I made a few volunteer remarks as to our method of conducting a medical society in Bourbon County, I had no thought or wish that what I then stirred up would lead to a formal request for a paper to be read at this meeting. When informed by your secretary that such a motion had been carried I at first declined. On second thought, and with the definite idea in mind of trying to help others, I consented to present a few random remarks on "How we do it in Bourbon County."

I was greatly impressed at that Torrent meeting with the evident earnestness of those men from the mountain counties in discussing the question of

asking the State Society to make the Kentucky Valley Society a portal of entry, instead of membership in a county organization; the reason for this being the difficulty of maintaining a county society because of the few physicians in those counties and the distances they were from each other. That very earnestness was a sufficient proof that you want state and national membership, and that somewhere in each county is a man who can, if he will, do those things which in my opinion are necessary for the successful maintenance of a county medical society.

I have been a resident of Paris for nine years. In that time I have seen three county societies organized; not one lived to draw a second breath.

In May, 1903, a fourth attempt was made. A new doctor had come to town;

*Read at the Lexington meeting of the Kentucky Valley Medical Society, Oct. 27, 1905.

Enteric bacilli—*alcaligenes*—are often present after 2d week of typhoids, accompanying then supplanting *b. typh.*—Duffy, *J. A. M. A.*

In typhoids cocci appear late in the blood, which never contains the *bacillus coli communis*.—Duffy, *J. A. M. A.*

by chance we elected him secretary at that first meeting. When I say by chance, I mean that he might as well have been president, treasurer, trustee, or anything else, as there were plenty of offices to go 'round. We elected him secretary because he happened to be sitting at an open desk with a pencil in his fingers. I refer to my good friend, Dr. C. G. Daugherty of Paris.

Since its organization our society has not missed a meeting. In each of those thirty months Dr. Daugherty has sent a written notice to every physician in the county, whether member or not, three days before the approaching meeting, with information that he was expected to be present. Those who do not attend regularly are called up by telephone the day of the meeting and again reminded of what is expected of them. The secretary goes to each man in turn and requests him to prepare a paper for a certain date, attends to the scientific part of the work and does a thousand and one other things necessary to be done, and without which the society would die of dry rot. I want to go on record as saying that without Daugherty I do not believe our society would have held a meeting every month for nearly three years. We have absorbed so much of his surplus energy and enthusiasm that the society might go on now without him and his eternal reminders, but I hope that day will never come.

Our first half dozen meetings were held in the afternoon in the City Council chamber in Paris. Those meetings were attended chiefly by the Paris physicians only. It occurred to somebody that things were getting in a rut,

so one day a notice came through the mail that at the next meeting Dr. Daugherty would entertain the society with a six o'clock dinner at the Elks' Cafe—just across the street from the meeting place—after the scientific program had been finished. That brought in two or three good fellows from the country. The next month another Paris member entertained with a dinner at the cafe and had the business meeting at his office in the evening. The first thing we knew a doctor had invited us to his house—dinner in his dining room, presided over by his wife, and the scientific program in his parlor! Then here came the fellows from Millerburg, Clintonville and Middletown — ene eight, one ten and the other eleven miles away. They invited us to their homes and we went, gladly.

In the meantime nearly every doctor in the county had begun to look up and take notice. Our meetings were well attended and looked forward to with much pleasure. In spite of that there were two or three good fellows who held aloof because, as they said, they were too far away to attend. We didn't do a thing to them but send word to have dinner ready on a certain day at 6:30 and the Bourbon County Medical Society would be there to eat it, and hold a scientific meeting in the barn or yard if the house wasn't big enough! In each and every instance the doctor and his good wife have risen nobly to the occasion, entertained us royally and thanked us for coming. Better than all, however, is the fact that the doctor has since been a regular attendant at our meetings.

Our last eighteen meetings have been

On raw sea meats—iodized—Esquimo is free from scurvy, goiter and gland enlargements.—Senn.

The exclusion of plant food has shortened the alimentary canal, appendix rudimentary, in Esquimo.—Senn.

held at doctors' homes—no two at the same place. At each one we have been tendered a veritable feast—ladies, music, oratory and solace in a good cigar. By such means we now have in our society 98 per cent of the eligible membership.

These social affairs at each others' homes have been the chief factor in promoting the feeling of good fellowship which prevails among us so extensively. At nearly every meeting somebody talks on the ideal relation between physicians; every mother's son, and two daughters, of us chips in and goes on record, thus keeping what we owe each other a prominent factor.

And here's another point: If Blank has been invited to dine at my house; to meet my wife; to eat one of her excellent dinners and brag on my baby, no power on earth can induce him to knock me for a month, anyway. Then, when the month is up, I go to Blank's house, meet his wife, put my feet under his table and brag on his baby. That holds us both in line for two months. At the end of that time we have learned what good fellows we really are. We've talked over our little differences, compared notes, discovered that mole-hills have been magnified into mountains, fall onto each other's neck and swear never to do it again! All the time to an accompaniment of fragrant smoke, and, perhaps, the tintinnabulations of ice floating against glass and in an atmosphere pregnant with the ethereal odor of glorious mint!

That's one way we do it in Bourbon County!

I can now meet Blank in consultation; say, and mean what I say, "that

he has done everything necessary in the case." I'll not even look wise, like a tree full of owls, nor will I even say "that perhaps a few days earlier and the result might have been different;" or any other such monkey-doodle business calculated to bring discredit upon him and toot my own bazoo.

I am not now afraid to leave town for a day, a week or a month. When I return I know that such of my clientele as have been attended by other physicians will be returned to me. At least the proffer will be made, and it will rest with the patient whether or not I take charge of the case. If I do not it is because the other man is liked better than I, and not because of any underhand methods on his part.

I was out of town the entire month of July last. The first day of my return three physicians came to me and turned over cases with a complete history of the illness and treatment, and four physicians told me of patients who had been ill, but had recovered. More than that: Two patients came to me with the statement that they had been treated at the office by Dr. Soandso during my absence, and had recovered. Feeling a return of the same symptoms they had again gone to Dr. Soandso for more of the same medicine which had relieved the first attack; but that Dr. Soandso told them to go to Dr. Ussery, their regular physician, who was now at home!

And that's another way we do it in Bourbon County!

We have three dentists as regular members of our society. Each one of them has entertained us at his home and had as a special guest a professor from some dental college who read a pa-

The Esquimo starch digesting glands atrophy, the fat digesters hypertrophy; their stomach digestion wonderful.—Senn.

Constipation and uricacidemia are unknown among Esquimo; fat surplus acts as laxative; rotten flesh not toxic.—Senn.

per on a subject equally interesting to dentists and physicians. The dentists and physicians have mixed and amalgamated to such an extent that a doctor will not pull a tooth, and a dentist will see you hanged before he'd prescribe for anything that didn't begin, exist and end with the teeth.

So far, we have not endeavored to get the veterinarians and druggists with us, but several of us have had talks about it. Personally, I can conceive of many things which we have in common, and that an occasional amplified love feast including them all would redound greatly to the benefit of each.

At the suggestion of one of our homeopathic members. (Yes, we have two of them, all there are in the county, and 'twould do your heart good to hear them read papers, take part in the discussion, talk of merc. cor., potencies, and all that) we have appointed a committee of five known as the "Grievance Committee." It is the business of that committee to "butt in" if necessary and inquire into the causes of troubles between members of the profession. Blank has heard of some remark you made about him; perhaps the truth was not told by the one who repeated it, or the remark greatly distorted. Blank immediately rises on his hind legs and proceeds to do things to you. You naturally get back at him and the first thing you know you have engaged in a personal encounter—perhaps an unseemly street brawl. Before the windup comes, however, there are probably months or years in which you are at daggers' points. Every time Blank sneezes you swear he is trying to spit in your face. Every time you throw away a cigar

stump he swears you are throwing rocks at him or his wife. In such cases it is the business of the Grievance Committee to nip the thing in the bud. You and Blank are brought before the committee (all outside of regular society affairs) and your stories heard. In every case, so far, an amicable settlement has been made and both parties perfectly satisfied.

Suppose, on the other hand, the Grievance Committee finds that you have an actual grievance against Blank, and that he has done an underhand act. He is very promptly and in plain language informed of the fact and told that he must not do it again. Blank knew all the time, 'way down in his heart, that he was wrong, but was too mean to acknowledge it or mend his ways. We propose to say and do say, to such a man, that he must walk the straight and narrow path which leads to brotherly love and professional courtesy. In every case, so far, he has walked and walked beautifully.

A skunk in a garden of violets does very well so long as he don't pull the trigger. A hog is a very presentable sort of animal so long as you keep him away from the slop trough and mud puddle—and he gets just as fat in the long run.

It would be the veriest sort of rot for one man to put himself on a "holier than thou" pedestal and say to Blank "thou shalt not;" but when such a command comes from five physicians of age, wisdom and undoubted standing, backed by the undivided forces of the Bourbon County Medical Society, such a man will think twice before he repeats a mean act. The time when such a man could

Esquimo skins verminous, never washed, are free from disease; syphilis, mild; tuberculosis unknown.—Senn.

Nieder confirms Galbraith's cure of pneumonia by quinine and iron in very large doses, in the *J. A. M. A.*

cry persecution and jealousy and successfully appeal to the public is a thing of the past. Such a man's meanness is born in him and will long ago have cropped out in his dealings with the laity. The public will soon get onto him and put him down for what he is. I know personally of two such men who ran their careers into a blind switch, had to back out and leave town.

You may call this sort of thing paternalism, meddlesomeness or what you please. We have no name for it, but the medical profession of Bourbon County proposes to live in peace. There are enough legitimate troubles in the practice of medicine, and we do not propose to allow any scoundrel to add to them by his meanness without showing him up in such a manner that his best friend will know the truth.

As yet we haven't a modern Utopia, but we hope the day will soon come when every medical sheep in Bourbon County will be safely in the fold, with not one goat left to roam up and down the land spreading discord and strife in his way.

Selah! Selah! So mote it be!

Paris, Kentucky.

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In the discussion of this paper one of the members of the society remarked that it was evident that Utopia, Atlantis and the long lost Garden of Eden had all three been located at last—in Bourbon County! And if the description of the harmonious medical conditions described by Dr. Ussery applies also to other phases of life in that thrice-happy locality we shall all be inclined to the same judgment.

But, after all, why should not the

medical men everywhere organize their societies and run them on the same ideal basis and with the same smoothly-running machinery which they use in Bourbon County? There is really no reason why they should not. All that is needed is a man like Daugherty—and another one like Ussery—who will take hold of the local problem, put heart and brain into its solution and then *stick to it* until possibly the society will run automatically as described by Dr. Ussery—though it should never be left to do this!

One feature of society work Dr. Ussery has brought out very strongly—the importance of the social side, of rubbing elbows, swapping jokes and exchanging hospitality with the other medical men of your neighborhood. Now I believe this is *the most important* thing in society work. The “feast of reason” contained in a good medical program is or should be an invaluable part of the physician's post-graduate education, but with an undercurrent of secret jealousies, open bickerings and ill-disguised hatreds running through each meeting and playing at cross purposes it is but a feast of “dead sea apples.” Give us also the “flow of soul” which is best nourished by the warm-hearted, generous hospitality of the Kentucky type described in this paper. This, better than anything else, can weld the society into an effective, working unity which can and will do things.

We want to appeal to you, dear reader, to do the work that Daugherty and Ussery are doing in Bourbon County in your own county. If you are not in the society, get into it now. Don't let the fact that “Blank” has “done you

Connecticut law forbids advertisement of monthly regulators for women, as encouraging commission of abortion.

Penna. law forbids the use of preservatives and dyes in foods excepting the use of ice as a perservative.

dirt" prevent your doing this. Get in and go to work and the chances are that your difficulties with Blank will straighten themselves out in short order. Is the society holding regular meetings; is it doing efficient work? If not, make it your personal duty to get things run-

ning smoothly again—don't leave it to someone else. Then if you develop "kinks" that help you out at home, send them to the CLINIC that they may help some other good fellows elsewhere. Go and "Do as they do in Bourbon county"—and then tell us all about it.—Ed.

THE PHARMACOLOGY OF ANTIPYRETICS.

BY A. L. MUIRHEAD, M. D.

Professor of Pharmacology, Creighton Medical College, Omaha.

ABNORMAL elevation of temperature is one of the most common symptoms of disease, and the manner in which the various antipyretic measures reduce it is the subject of this review.

In the normal warm-blooded animal the temperature of the body is regulated by a nerve center or group of cells located somewhere in the neighborhood of the corpus striatum. Its action is similar to that of a laboratory thermostat, for if a normal animal be placed in a medium of a higher temperature than its own, the regulating mechanism immediately causes a lessening of heat production in the tissues and an increase of heat dissipation from the surface, thus maintaining the body temperature unchanged. If placed in a medium of lower temperature than the animal's body, the same mechanism lessens the heat loss and increases heat formation again, maintaining the temperature practically the same as before.

Increased heat dissipation is usually brought about by dilation of surface vessels and frequently by sweating and increased respiration; increased production of heat by increased muscular activity, usually involuntary and manifested

as chill or rigors. In febrile conditions the regulating mechanism is neither depressed nor stimulated but is set to a higher temperature than the normal. This is shown by chill which follows exposure to cold and vasodilation or sweating which follows exposure to heat just as promptly in fever as in normal conditions.

Fever then is a condition in which the heat regulating center tries to maintain a temperature higher than the normal. The drugs most frequently used as antipyretics are quinine, the coal tar antipyretics, aconite and alcohol. The most commonly used of the coal-tar series are phenacetin, antipyrin and acetanilid. Quinine reduces temperature through its action on protoplasm in general, and not on any special organ or tissue. If the cord of an animal with fever be cut below the corpus striatum quinine will reduce the temperature as effectively as if the nervous axis were intact, therefore it cannot act through the heat-regulating center. The temperature can be reduced by quinine even if the surrounding medium be warmer than the animal's body, so it cannot be due to increased heat dissipation. It must be by lessening heat production, and this is

Missouri permits her state board to admit physicians to practice without examination in reciprocity at discretion.

Missouri forbids sale of cocaine except on written prescriptions of doctor or dentist; also refilling such orders.

brought about by lessening metabolic changes in the individual cells. The depression of metabolism is shown by the diminished excretion of nitrogen in the urine, which occurs whether fever be present or not.

The coal-tar antipyretics act in an entirely different manner. If the cord of a rabbit be cut below the corpus striatum, the injection of septic material fails to produce fever and if fever be present before cutting the cord, this series of drugs will not affect the temperature, but quinine will lower it. If the connection be severed above the corpus striatum, this series will reduce fever temperature by increasing heat dissipation through vasodilation and perspiration just as it does when the nervous axis is intact.

That the reduction of temperature is not due to depression of the center is shown by the fact that it reacts as promptly as before to variations in the warmth of the surrounding medium. The result is due to a lowering of the point at which the regulating mechanism attempts to maintain the body temperature, exactly opposite to the manner in which fever acts. With one exception in this series, the fall of temperature is accompanied by a lessened excretion of nitrogen and carbon dioxide, showing lessened tissue change. This is a result of lower temperature (just as slowing of the pulse and respiration is) and not the cause of it, as it does not occur in the normal animal. The one exception is acetanilid, which increases nitrogenous waste either in normal or febrile conditions. Large doses increase the nitrogen in the urine from 30 per cent to 35 per cent. So far this effect on metab-

olism has not been observed from any other members of this series, unless we include salicylic acid.

The manner in which aconite reduces temperature is not quite clear. Its action is generally ascribed to depression of the circulation and the perspiration which results from slight nausea, as seen after tartar emetic. Some writers claim that aconite is a direct diaphoretic acting on the secretory nerves. Brunton and Cash have found the temperature center after aconite less able to regulate the heat of the body. If an animal after aconite be put in a cold bath, its temperature falls, or if put in a warm bath it rises much more than in the normal condition.

The depression of temperature after moderate amounts of alcohol is mostly due to dilation of skin vessels through depression of the vasomotor center. It seldom exceeds one degree C. unless there is considerable exposure to cold, when the fall may be much greater owing to the diminished activity of the regulating mechanism.

The effects of large amounts vary. If excitement and muscular activity follow, the temperature may not be reduced or may even be slightly raised, the increased production of heat more than compensating for increased loss. On the other hand, if sleep or stupor follow the ingestion of alcohol, the fall in temperature may be from three to five degrees C., due to increased heat dissipation from the surface and lessened heat production from quietness and muscular inactivity.

Most of these drugs have little or no effect on normal temperature unless given in larger doses than therapeutics

Connecticut forbids dispensing cocaine and eucaine except on prescription of Dr. or vet. and refilling except on new prescription.

Perfumes sometimes cause nervous and respiratory reflexes as well as urticaria and vertigo.—*Med. Record.*

approve of. During fever the depression of temperature is much greater if the antipyretic be given at the beginning of a normal remission, than if administered during a stationary or rising temperature. The coal-tar series especially has much less effect on fever in conditions in which the temperature is continuously elevated than where it is subject to normal remissions.

Other antipyretic measures commonly used are sponging, cold pack and cold bath. The mode of action in sponging and in cold bath is quite different. In sponging and cold pack the patient is cooled by evaporation of the liquid from the heat of the body, and the temperature of the fluid used is not very important. A hot pack will usually reduce fever as much or more than a cold one for the former causes vasodilation, while the latter causes vasocontraction and chill. The cold bath reduces temperature by conduction, heat passing from the warmer to the colder body by contact, consequently the bath must be of lower temperature than the fever of the patient. External antipyretic measures merely reduce the body heat; they do not lessen heat production nor affect the regulating mechanism which tries to maintain the temperature, as shown by the chilly sensations or actual chill. The prompt improvement in the general condition of a delirious fever patient during a cold bath should not be ascribed to reduction of temperature as it usually occurs before there is any appreciable change in the body heat. It is mostly due to reflex stimulation of nerve centers in the cerebrum and medulla by irritation of the sensory nerves of the skin acting in the same way as cold water

dashed over a fainting or sleeping person does.

Under cold bath treatment the metabolism, as measured by nitrogen excretion, is increased rather than lessened on account of the efforts of the regulating mechanism to maintain the higher temperature. This fact should be borne in mind in weighing the relative therapeutic value of antipyretic drugs and external cold. Although antipyretic measures do not act on the cause of disease, but only relieve one symptom, this is not an argument against their use, as some writers apparently believe, for as long as a physician is unable to treat the cause directly, he is justified in relieving the symptoms of the disease as far as possible. Von Jaksch and others have held that antipyretic drugs tend to prolong illness and retard convalescence, but this does not seem to be correct, at least not for phenacetin and antipyrin, for Shitze has recently shown that they do not retard the development of the defensive antitoxins which we regard as the cause of recovery in self-limiting diseases. When infected animals were given large doses of these antipyretics their serum had the same agglutinating properties toward bacilli as others which received no medication.

To sum up, in conclusion we find:

1. Quinine lowers temperature by lessening heat production through depression of cell metabolism. It lessens nitrogenous waste and retards most vital processes.

2. The coal-tar antipyretics not only reduce temperature, but also lower the active point of the temperature center. With the exception of acetanilid, which increases nitrogenous waste, they affect

Scavengers, collectors of night-soil or garbage, workers in abattoirs and tanners, are not affected by the odors.—*Med. Record.*

Emanations from manure are said to be specific for rheumatism. Tuberoses sometimes cause severe faintness.—*Med. Record.*

metabolism only by reducing body temperature. Their action is directly antagonistic to that of fever.

3. Aconite lowers temperature by depressing the circulation and inducing slight nausea. It probably also lessens the activity of the heat regulating mechanism.

4. Alcohol lowers temperature by dilating skin vessels and in large amounts also by causing muscular inactivity, and depressing the temperature center.

5. Sponging and pack, either hot or cold, reduce temperature through the cold produced by evaporation, warm water being as effective for this pur-

pose as cold water or even more so.

6. Cold baths reduce temperature by conduction through contact with a colder body. The reflex stimulation of nerve centers by the cold irritating the sensory nerves is as important as the direct effect upon temperature.

The theory that fever is a defensive measure against the causes of disease is accepted by very few in the medical profession. It is quite probable that the next ten years will see considerable change of opinion in regard to the relative value of the cold bath and antipyretic drugs in the treatment of fever as a symptom.

Omaha, Nebraska.

PULMONARY TUBERCULOSIS: A CLINICAL STUDY.*

BY WILLIAM PORTER, M. D.

Professor of Clinical Medicine, Medical Department of St. Louis University.

WE have so far discussed the general and special features of tuberculosis, with the endeavor to study the different symptoms and complications with the pathological conditions causing them. At our last meeting our subject was the care of the individual and the physician's advice as to climate, clothing, ventilation, diet and hydrotherapy. We have urged upon you also, the duty of making the psychology of tuberculosis a study. Do not forget that these generalities must be made practical in every case.

The medication pertinent to each case is an important topic and particularly important in that much consists in not doing too much. This is one of the

diseases in which a "masterful inactivity" may be preserved so far as many drugs are concerned. Study your *Materia Medica* thoroughly. But when you are called to your first case of consumption, forget the most of it. In the special cases we have seen together I have tried to outline special indications. It is a return to the normal that you must seek and that through normal aids. It is food, clothing and hygienic conditions that you must select, rather than products of the laboratory and the chemist's skill. Yet I would not have you think that the average tubercular case does not demand the most careful and constant oversight. There is no disease in which the symptoms must be more carefully watched and threatening complications anticipated. In my own

*A series of lectures before the Senior Class of the Medical Department of St. Louis University, 1904-'05.

Headache is often caused by odors of honeysuckle, lily, rose of Sharon, carnation; betony intoxicates its gatherers.—*Med. Record*.

Drink in Fevers: Two lemons, whites of two eggs, a pint of boiling water and sugar to taste. Mix sec. art., cool and give p. r. n.

practice I insist that if the patient is not under my own personal care or the care of an assistant, either a private or hospital case, that he put himself at once under the direction of his family physician, or the physician best fitted to have charge of him at his home.

Why is this so necessary? you may ask, when there is so little to do and the directions are general. I would not be misquoted. There is much to do and the direction is anything but general. The avoidance of polypharmacy does not mean that medication is forbidden. On the contrary, functions are to be aided, cough, fever, heart-weakness, sleeplessness and similar symptoms controlled. Make your prescriptions as single, as definite, and as practical as possible and be exceedingly suspicious of vaunted "cures" and specifics. I fear to give you a single formula lest some of you might copy it and deny yourself and your patient the advantage of your own judgment. Perhaps we might summarize in this way. Avoid coal-tar preparations and much cod-liver oil, creosote, opiates and alcohol. Give guardedly strychnia, arsenic, digitalis, (in poor circulation with dilated arteries), nitroglycerin (in poor circulation with high arterial tension) and such aids to impaired function as may be indicated. Give freely good food, sunshine, open air, pure water and all of the cheer and courage that you can secure. If there is one remedy I use more than another in early cases it is a cacodylate of sodium hypodermically in gradually increasing doses. It has, with me, taken the place of the different serums and tubercular preparations, and

yet, while it is an aid, it is certainly not a specific.

Now we come to a more important subject than even diagnosis, pathology and treatment. It is true that the topic is related to and founded largely upon all of these and yet it is a study, and important study in itself. This, the most important theme which has ever engaged scientific thought, is the *prevention of tuberculosis*. I ask that each one of you keep this always in mind and urge by precept and example the duty of every citizen in this great work. I told you in the beginning of the course how disastrous a foe is tuberculosis to human life and happiness. Let me add to these statements a few more facts. In the United States alone 200,000 die each year of tuberculosis and at present rates 7,000,000 of these now living in this country will be its victims. In Illinois last year 9,000 died from consumption and the economic loss was over \$36,000,000. In your own homes one in seven will be added to the death loss. In this class of seniors and juniors thirty or more may succumb to the relentless invader. Is this not enough to set us all to thinking and doing?

But the picture is not all dark. In cities where they have tried, all this death rate and loss has been reduced 40 per cent. Apply this to the figures just given and we have the result within reach if we are all alert. If you save one man's life you will be applauded and doubtless rewarded, but I am asking you to engage in a work which will save 2400 lives in Missouri each year, 3600 in Illinois and 80,000 in the United States. Is this the foolishness of figures? I tell you it is a plain deduction from

The weakness of Osler's Practice is due to his black, hopeless, helpless therapeutic pessimism.—*Medical Record*.

Osler's therapeutic pessimism renders him an unsafe guide in the most important and practical part of medical science.—*Med. Rec.*

official reports that cannot be gainsaid and is simply the 40 per cent reduction in the death rate accomplished in the last few years in New York and Philadelphia, to the mortuary reports of last year.

This, then, is to be attained. To whom does the work belong? Plainly to those who are by education and professional attainments best fitted for it, in other words to you. You cannot escape the responsibility. How shall you accomplish it? First by realizing that prevention is possible and acting up to your belief, just as you would in the prevention of any other contagious or communicable, parasitic disease. You must make your diagnosis as early as possible in each case and at once guard others from the danger of infection. The greatest requirement is the care of the sputum. Every one of the millions of bacilli which the average consumptive expectorates daily should be destroyed. You must see to this by directions that you must have obeyed. I need not repeat these directions here. The tubercle bacilli are destroyed at a temperature less than boiling water and there are a dozen cheap and effective germicides. Be careful that the sputum does not become dry and so distributed by air currents or flies. Bed clothing and the underclothing of consumptives should, when removed, be placed at once in boiling water and not allowed to lie about in the wash basket or hamper. Dishes and drinking glasses should have the same treatment. Rooms vacated by consumptives may be easily rendered clean and safe by burning a few of the large paraldehyde tubes; the largest of these contains 500 grains of paraldehyde

and four would be sufficient for the average room, provided the room is fairly well sealed up, at a cost of a dollar.

Do not make the consumptive feel that he is a leper. He is harmless if he is careful. In Mount St. Rose and other large institutions for the care of the consumptive there has never been a case known of a physician or attendant acquiring the disease. I visit the wards and if need be occupy a suite of rooms in the main building without the slightest thought of danger, knowing that the safest place on earth from tuberculosis is where the laws governing its limitations are fully carried out. But you cannot do the best work in this direction alone. Each one of you must be a missionary, a pioneer in his community. All over the country antituberculosis societies are being formed to urge the enactment of sanitary laws and to enforce them. The public must be educated and you must be the educators. You must take advantage of the school, the press, the lecture room, or whatever agent can be utilized in directing public thought. See that spitting on the sidewalk or the floors of hotels and public buildings is forbidden by law. Insist on ventilation, not only in the home but in the school room, the court room, the church and the workshop.

The object of the great National Association for the Study and Prevention of Tuberculosis is mainly to educate the people in the practical methods of limitation. All over the country local societies are being formed for the same purpose. In St. Louis last year our society distributed 250,000 pamphlets, secured the passage of important legislation on the subject and aided the work by lec-

Halstead finds spinal cocainization dangerous, uncertain, sometimes failing, with unpleasant after-effects.—*Int. Jour. Surg.*

The tendency to enlarge diet of typhoids is quite an unfortunate venture as far as children are concerned.—W. J. Butler.

tures, posters in the street cars, factories and halls. Once public interest is aroused legislative help will be easily secured. Three years ago a bill for a State Sanatorium in Missouri was "killed in committee." Last year \$50,000 for this purpose was obtained without much trouble.

May I express in conclusion the satisfaction I have had in these lectures in addressing those who are trained in thought, and I hope fixed in purpose, to prosecute this great work and have felt the great responsibility of those whose eyes are opened to its importance and now share the responsibility with me.

St. Louis, Missouri.

This is the final article of Dr. Porter's splendid series, which we trust every reader of the JOURNAL has followed from beginning to end. This chapter was set up and prepared for publication in the December CLINIC, but was lost in the fire, necessitating its complete rewriting, for which we feel under many obligations to Dr. Porter. As originally prepared it went somewhat more explicitly into the details of medicinal treatment. But we are very glad to be able to present this fine restatement of the matter. The possibilities of treatment, yes, of cure, in many cases of tuberculosis are just beginning to be realized.—Ed.

THE DUTY OF THE MEDICAL PROFESSION CONCERNING FANATICISM, FRAUDS, FOOLS AND FADS.

BY Y. L. ABERNETHY, M. D.

AS conservators of the health and longevity of the race, it is imperative that we exert every influence promoting them, and resist all that is detrimental.

It is the province and duty of our profession to give the laity the benefit of our knowledge in preventing disease and protecting them against imposters. These are too numerous to dwell upon specifically. I wish to emphasize particularly the menace to society and the profession, from certain so-called religious, scientific organizations—hybrids and monstrosities, possessing neither of these attributes, whose arrogant founders claim inspiration.

They have ingeniously interpreted the Scriptures, and formulated systems which with their sensational and mira-

cle-performing features are well calculated to deceive, and gain dupes and victims, which indeed they have done to an alarming extent—the "Mollie" Eddyites, claiming a half million; the "Lige-Alec" Dowieites, the "Holy Ghost and Us" and others *ad nauseum*, of like fanatical proclivities, many thousands. Their faith and zeal are unbounded. The wily founders and promoters play upon their childlike credulity, and control them at will. Each member is a missionary, whose duty it is to proselyte the world. Their sagacious business methods furnish "the sinews of war." Earnest, eager workers are daily invading new territory, and their success in disseminating their illusory, pernicious doctrines is phenomenal.

The principal tenets of all these asi-

When egg-nogs are given during the first part of typhoids the intestinal symptoms are intensified.—W. J. Butler, *J. A. M. A.*

Egg-nogs exert an especially unfavorable influence in typhoid defervescence and during early convalescence.—W. J. Butler.

nine sects are the miraculous cure of disease through prayer, and the denunciation of the medical profession. We are "in league with the devil"; they have "no use in Zion City for mules, pigs, doctors," etc. This is only a sharp mode of advertising. Attract attention, create a sensation by opposing the established order of things. "It is unnatural and sinful to propagate mules," but the amalgamation of the white and colored races is their solution of the vexed race question. Polygamy, free love, soul affinities, communion with spirits and every freakish idea diseased imaginations can conjure are advocated. They oppose vaccination and the usual methods for the prevention and cure of disease and rely solely upon the efficacy of prayer and faith. Each recovery is a miracle. The *vis medicatrix naturae* is unknown to them.

The one principle of suggestion or the power of mind over the physical system (so well understood and practised by the profession) constitutes their entire stock in trade. This is efficacious alone in hysteria, neurasthenia, nervous and mental diseases, phenomena which simulate almost every form of disease, as for instance epilepsy, neuralgia, lameness, blindness, paralysis, etc. This field of imaginary diseases affords then a prolific source of miraculous cures, "after doctors have failed," though here even, cures are the exception and not the rule.

They appeal strongly to the superstitious element in the subject, wield a hypnotic influence over him, make him believe he is cured, and he is. This represents no power in them or in their prayers, only a mental process in the

subject, who has simply changed his belief regarding his malady, in a perfectly natural way.

If prayer alone could be relied upon and natural laws miraculously changed regarding disease, the same would apply to every interest and pursuit in life. Planting and cultivating were vain. Sam Jones says, "Prayer is a good thing, but a hoe beats it making corn." Nothing can be more definitely settled, beyond the shadow of doubt or dispute, than that we must make a rational use of the ways and means provided by Nature's physical laws to sustain life and health, and restore the diseased.

The combined prayers of the world could not suspend the law of gravitation for a moment, or the laws governing a necessarily fatal malady or wound, as with our lamented presidents, Garfield and McKinley (for whom the whole world prayed for months), or any natural phenomena. This is so palpable and self-evident that it is puerile and absurd to state it.

Yet millions daily offer earnest, agonizing petitions for the impossible, unreasonable, miraculous. We would not deprive them of any solace or comfort derived, but would guard them from the pangs of disappointment, shattered faith, vanished hopes and dark despair.

Law, inflexible, immutable, rules, and without pity or regret, visits her penalties and without favor or partiality, her rewards. These are inherent in each act.

No power will avert the calamitous results of dissipation and outraged hygienic laws or withhold the blessings accruing from their observance.

When whole milk is given typhoid children the stools become curded and slimy and tympany increases.—W. J. Butler, *J. A. M. A.*

Germans place great emphasis in adults on slowness of pulse proportioned to temperature in typhoid.—Fairbanks, *J. A. M. A.*

They are inevitable, fixed, positive and arbitrary, and subject to no influence or power which can or will change these results.

Diseases and injuries have their laws of repair and restoration to health. If the vital forces are equal to the emergency, they win, if not, they lose. It is as rational to invoke the powers to suspend the law of gravitation, as to interfere with these natural and essential processes of restoration. Laws governing human life and health, disease, decay and death, are common to all animate creatures. Bird, beast and insect, all in the same category, live and die according to Nature's impartial laws, without special providential favors or distinction shown to either, except that she deals more kindly with those who by instinct obey her mandates than with those who by reason reject them. She doesn't visit you with calamities as a disciplinary measure, doesn't rob you of your darlings or treasure or most cherished hopes to make you better or lure you to a world on high. The pitiless storm that robs the mother bird of her home and brood is as innocent of design as are the powers regarding your disasters, or your rewards and blessings. This sentiment, if erroneous or unorthodox, is at least upon the side of mercy, and may comfort those who are in rebellion and despair because of unmerciful disaster and bereavement, and vain tears and prayers.

Longevity is not subject to the whims, caprice, desires or prayers of any power; isn't curtailed in vengeance and anger or extended through love and reward, but is a question *only* of environment, habits, hygiene, sanitation, tem-

perance, climate, she-mosquitoes and patent medicines.

I will say further that if it is possible, that these sentiments are erroneous(?) and that poor, weak humanity can influence the Throne and subvert natural laws and produce miracles, then the business should not be monopolized and made merchandize of by such brazen, impudent frauds as Lige-Alic Dowie, Mollie Eddy, and their cranky dupes. Each of these worthies denounce the other as a fraud. We are liberal enough to believe both. We know that danger to sanity, health and life lurks in such superstitious beliefs, and it is both a duty and pleasure to denounce them. In our zeal to expose and ridicule the spurious, we would not offend or detract from the genuine, in the moral, religious world. It is entirely essential and right and we are in love and sympathy with it, but cannot believe it necessitates a violation of sense and reason or the adoption of rank, imbecile, dangerous superstitions.

When will orthodoxy repudiate this medieval relic of superstition, this insult to reason and violator of the senses, this sure and constant source of infidelity, despair and insanity, this daily demonstrated false doctrine of supernatural intervention, or subversion of natural laws, through human desires, agencies, or prayers?

An ancient nation relied solely upon their gods to protect them in war. Imagine their horror and the death shock to faith, when their enemies overturned and hewed to pieces their helpless images. This is only a feeble illustration of the doubts, fears and fatal results to thousands, whose honest, faith-

Place no faith in pharmaceutic monstrosities combining pepsin with pancreatin or with alcohol except in weakest dilution.—Reed.

Curetting endometrium will not cure laceration, subinvolution, pus-tubes, displacement, neoplasm, infection or even endometritis.

ful supplications are unheeded. Their moral teachers have deceived them. Faith in God and man is gone. They rebel, and are lost. This is appallingly true of nations which lose in the tragic lottery of war.

"God helps those who help themselves" is a trite and true saying. Prayer is good, in that it cultivates the moral nature, just as does a good sermon or book, and is answered in the individual in the same manner as his other faculties respond to cultivation, in the process of education. We don't know, even in the spiritual aspect of the question, whether our petitions ascend to the Throne Above and exert an influence there, or whether the only Deity we reach is that within us and those who hear us. If the latter, then it is God's plan, and is rational and philosophical.

But in the twentieth century, to pray for and expect the miraculous in material things—as the success of armies in war, or rain in drouth, or the cure of disease—is worse than folly. It is rank fanaticism and superstition; it is pregnant with mischief and should be relegated to oblivion, with all the effete and obsolete mysticisms, heresies and witchcraft of the dim, dark, distant past.

The religion of Christ is too rational to need miracles now (if it ever did) to substantiate its exalted power and grandeur. *It is the imposter who bears the same relation to Christianity as does the Quack to regular medicine, who needs and manufactures them "for revenue only."*

One would naturally infer that the dupes of these cults were ignorant and uneducated, but more is the pity that

such is not the case. In this city quite a number of wealthy, educated people are ardent workers for all these strange "isms." My epithets and maledictions, in which I am sorry the language is so limited, are only for the leaders and financially interested promoters, and not the deluded followers of these insane cults. They deserve pity—and a guardian. Among them are found professional and business people, otherwise sane, good citizens.

At their meetings, marvelous experiences are related of supernatural manifestations in answer to prayer. Literature, fresh from headquarters, full of the miraculous and abounding in the most extravagant testimonials, is disseminated. Hysterical supplications, agonizing groans, and tears are indulged, and converts are gathered into the fold. This peculiar form of crankism is not indigenous in this live, up-to-date city, but is everywhere the same, and even much more so up in the divine "Lige's" and "Mollie's" country, so prolific of isms.

This happy faith, intense piety, and good Samaritanism are beautiful, and but for the ignorant and dangerous assumption of the duties and responsibilities of the physician, would be commendable. But as it is, unfortunately, it is a sort of Dr. Jekyll and Mr. Hyde affair, with death holding high carnival. We all know and have heard of numerous deaths as the direct result of failure to employ doctors in easily curable troubles, such as acute indigestion, with its sequelæ of colic, etc., strangulated hernia, malarial affections, appendicitis, etc.

This responsibility is upon us. The law of *particeps criminis* in a known and

Ray fungus occurs normally as a rust on grain. Copper is useful in destroying vegetable parasites.—Bevan, J. A. M. A.

Copper sulphate 2 to 8 gr. a day can be given for 6 months without any deleterious effect on the taker.—Bevan, J. A. M. A.

preventable crime applies to our profession with fearful force. We are "our brother's keeper," and must obey the mandates of love and duty. How? is the momentous question for us to solve.

They court opposition, and thrive upon it, with the old cry of persecution. Public controversies only advertise them, like the fabled serpent springing two heads for each one destroyed.

Such is the perversity and suspiciousness of human nature that jealousy and mercenary motives are imputed to us, when we attack any fraud, no matter how palpable, if it can be construed as a competitor. This applies with full force to all patent preparations, devices, chicanery, and humbuggery of quacks and imposters of every kind and degree, whose lies constitute one-half the printed matter of the world, and build colossal fortunes off the credulity, calamities and sorrows of the weak, sick and dying.

So gigantic, cruel and monstrous is the imposition from patent and secret remedies that a special emphasis is demanded in denunciation and exposition. We challenge refutation of the following arguments:

If their claims for efficacy are true, then withholding them from suffering, dying humanity or in any way restricting their widest dissemination and use is a horrible crime. If not true, then it is obtaining money under false pretenses, "not doing to others," etc., practising open, flagrant deception, dishonesty and robbery.

The proper treatment of disease depends upon a correct diagnosis. This is difficult with the best trained and most scientific. Yet the laity in their dense ignorance and innocence diagnose their

own cases and proceed to drink promiscuously gallons of cheap, mean whisky, with cheaper, meaner refuse, inert drugs, put in for the sole purpose, as a rule, of disguising the illegal, reprehensible sale of intoxicants and narcotics. This to innocent women and children, all alike.

The enormity and magnitude of the results are appalling: drunkenness, drug addictions, with their Pandora's box of evils, and premature deaths because of neglecting proper, scientific treatment. Most of these vile compounds contain a larger per cent of alcohol than does beer. This is the prime secret of their use. Each individual is a law unto himself as regards diseases, and their remedies, and no formula, no matter how potent or efficacious in a given malady, can be safely or intelligently administered to all alike.

Cheapness (not merit) is the cardinal virtue and leading characteristic of all patent, secret preparations. Printers' ink is the whole thing: cunningly devised lies to filch the hard-earned and much needed means of the pale, emaciated, cadaverous hosts of trembling, agonizing humanity in their furious unequal struggle against the grim destroyer.

The seeming good derived from their use (which elicits testimonials) is only the principle of suggestion (temporarily). "The wish being father to the thought", "The forlorn hope", "The catching at a straw." Most chronic invalids develop a mania for trying everything new. The last is always the best.

Would these secret-remedy fellows risk their own preparations and diagnosis upon themselves?

To be honest and consistent they must

Bevan has found copper salts destructive to germs of actinomycosis and blastomycoses; iodine internally curative—J. A. M. A.

Brass poisoning is not due to the copper but to some other metals entering into its composition.—Bevan, J. A. M. A.

answer in the affirmative. For this is exactly what they daily advise thousands to do. If in the negative, then they acknowledge to assuming risks upon the lives and interests of others just as dear and sacred as theirs, which they would not impose upon themselves. This for the root of all evil.

Yet the great medical profession cognizant of these terrible impositions (because of knowledge peculiar to the profession, which the laity has not, and cannot gain) dare not enter protest, lest they be accused of "mercenary motives", "regard them as competitors" and "are the self-appointed guardians and protectors of a competent public," etc. Were we to fail in this duty, we would be as culpable as would statesmen and jurists to wink at injustice and crime, or clergymen to withhold the precious truths of the Gospel. Concerning competition, the more of the vile stuff used the more work for doctors.

Prevention of disease is the motto of the profession today (although "Othello's occupation will be gone"). It is upon this principle we oppose secret remedies and all frauds and impositions.

First prevention, next a correct scientific diagnosis and proper hygienic management; last and not least, drugs. Specifics are painfully few with doctors. Not so with the nostrum fiend and vendor. More than half the world's printed matter is to advertise *sure cures*. Whole pages of newspapers, magazines, etc., are adorned (?) with the photos of distinguished statesmen, jurists, divines and society ladies with testimonials as to the "wonderful efficacy and exhilarating, rejuvenating and exquisitely-thrilling effects of peruna, Hostetter's

stomach bitters, etc.," ("plain drunk"). Wonder how much they're paid:

Besides,
On houses, rocks, fences and trees,
From ocean to ocean, and the lakes to the seas,
Appears (for illustration) the three SSS's and three BBB's.

Why, these magical trios built Atlanta, if you please.

Another on the gentle, flowing, silvery Tennessee,
Is booming, jumping, growing big and lustily.
From her rippling "aqua vitae" sold as low as it can be,
At one round dollar per bottle, 'tis a little slippery,

But no matter, filthy lucre, is a stern necessity,
Must come, though the sick should suffer through their fool credulity.

They and the Regal city need it, and sure as sure can be,
They'll swing to it, through all of time and risk Eternity.

To attack them through the press (even should it avail good results), would scarcely be feasible or possible, since half or more of the income of the press is from this source. Hence the problem of a remedy is most serious and difficult.

Chattanooga, Tennessee.

(Concluded next month.)

—:o:—

The remainder of Dr. Abernethy's extremely interesting article will appear next month. This is strictly "warm stuff," but none too warm for the subject with which he deals. The CLINIC believes in fair play for every honest man, no quarter for the vicious or dishonest. We feel sure that every reader who feels the same, and who has followed the doctor's argument thus far, will want to know what he has to say about other "frauds, fools and fads." That the world is full of them, we all know, and once in a while we will admit that there are some in our own profession—even in our own town.—Ed.

The bile has been found swarming with typhoid bacilli months and years after the primary attack.—J. A. M. A.

Neglect of therapeutics in England has opened a way to the chemists who have worked J. B. until he begins to kick.

DEPARTMENT OF
SURGERY
GYNECOLOGY AND OBSTETRICS
 WITH A REVIEW OF CURRENT LITERATURE
 In charge of Dr. EMORY LANPHEAR
 Address all communications designed exclusively for this department to its editor,
 Dr. Emory Lanphear, 3870 Delmar Avenue, St. Louis, Mo.

FOREWORD.

THE ever widening field of medicine demanded alkaloidal medication. Now that scientific therapy has become almost national in its adoption, chiefly through the influence of THE ALKALOIDAL CLINIC, it is felt that the time is ripe for a department of surgery and diseases of women in the new and larger AMERICAN JOURNAL OF CLINICAL MEDICINE.

Howsoever skilful a physician may become, howsoever scientific he may be in the selection of his remedies, there must always be a large percentage of cases beyond his skill—there always must be the surgical case. The more this is kept in mind, the greater the ability to detect operable conditions, the stronger the courage to recommend prompt and proper surgical measures, the fuller will be the success of the general practitioner. True, every man can not be a surgeon; many there are who could never become skilful operators—they haven't the "knack," or the inclination; but every doctor must, in this twentieth century,

know fully and well the essentials of surgical diagnosis; he must of necessity learn to recognize surgical conditions when they arise and call to his aid such of his confreres as he knows to be "good surgeons"—a much abused term by the way. For the help of those who have not had the advantages of the great clinics of late years, for the benefit of those who have once known but have forgotten, and for the good of the entire 40,000 readers of the Great Journal this department has been established.

In it from time to time will appear brief articles by the foremost authors of the day. But none the less welcome will be short contributions from the vast array of workers who every now and then "drop on" to some practical point of vast import not dreamed of by the great professors. So, "let not your light shine under a bushel"—fire a ray now and then Chicagowards. Questions of practical import will be answered in these columns.

EMORY LANPHEAR.

KIDNEY DISEASES REQUIRING SURGICAL INTERFERENCE.

BY J. M. BALDY, M. D.

Professor of Gynecology in the Philadelphia Polyclinic; Surgeon to the Gyneccean Hospital.

IT has been a matter of observation that in many of the kidney affections for which we interfere surgically, the most prominent symptoms are often not directly referable to that organ. This has occurred so fre-

quently that most of the cases of the kind which have of late come under my direct observation have either not been diagnosed as kidney disease (not even suspected) or, although the kidneys have been supposed to be the source of the

trouble, I have found the symptoms pointing in this direction to be so dubious as to make me a bit reluctant to operate. Two of five recent cases, for instance, were floating kidneys, with all the classical symptoms of gastrointestinal and nervous symptoms, but with local symptoms in abeyance and only elicited on palpation of the organ. I mean by this that the women had no symptoms referable to the kidney region until that organ was palpated when it was found to be tender and unduly movable—in one case so movable that the patient herself could at times grasp it in her hand through the abdominal walls. One case of cystic kidney with a well-defined adenoma on its surface was taken for ovarian disease; one case of calculus of the kidney and ureter was mistaken for and operated upon for an ovarian and uterine growth; and a tubercular kidney and ureter was mistaken for a pyosalpinx. All five cases came finally to operations on the kidneys with good surgical recoveries.

Case I. Floating Kidney.—Gynecean Hospital. Age 32 years, single. Menstrual history fairly normal. Considerable leucorrhea, extreme nervousness, headache, backache, stomach easily upset. No symptoms locally over region of kidney. On examination right kidney found movable and tender to touch. Incision in lumbar region. Kidney capsule incised and kidney anchored with encircling rubber tubes tied over pad of gauze lying over incision. Tubes removed at end of four weeks. This patient had such a good recovery and has so much relief that within three months she sent a second case of floating kidney for operation from the same town.

Case II. Floating Kidney.—Gynecean Hospital. Age 39 years, married. Menstrual history fairly normal, considerable leucorrhea, extreme nervousness, gastric indigestion and pains, backache and general miserable feeling of some years' duration. Pain below ribs on both sides. Right kidney so movable patient could grasp it, at which times it was sore and tender. Lumbar incision with similar operation as in Case I. Three weeks later cervix repaired and hemorrhoids removed. Returned home at end of five weeks.

Case III. Cystic Kidney; Adenoma of Kidney.—Polyclinic Hospital. About 28 years old, single. Was asked to see her with the object of doing an operation for ovarian disease and the statement was made that in addition a lump was discernible about the umbilicus, the character of which was obscure. She complained of some slight menstrual disorder and pain and had a feeling of discomfort in the right iliac region; gastrointestinal symptoms. An examination of the pelvis revealed nothing serious. The lump at the umbilicus extended back into the kidney region and its opposite end could readily be felt in the loin. It was evidently a large kidney, tender to manipulation, with no signs of malignancy. A lumbar incision allowed of its delivery when it was found to be universally cystic with a hard lump the size of a walnut at one point. An incision over the other kidney and an examination showed that organ to be healthy with an apparently healthy ureter. The right kidney was removed and both incisions closed as usual.

The following pathological report is by Dr. Longcope of the Ayer Clinical

A state journal asks if its readers will stand for its loss if it excludes proprietary ads. No principle at stake?

Physicians treating yellow fever at New Orleans have again found their supposed immunity had evaporated.

Laboratory, Pennsylvania Hospital, one of the cyst-walls and the hard tumor having been submitted to him for examination. The whole kidney which was about double its normal size with the exception of one solid portion on the surface, was made up of cysts with thick walls from the size of a pea to that of an English walnut, all of which contained a clear fluid.

Pathological Report.—The specimen has an irregular shape. The walls appear of rather dense connective tissue extensively infiltrated with small round-cells, epitheloid cells and plasma cells occasionally forming large clumps. Here and there are the remains of a few kidney tubules lined by low cuboidal epithelium. One or two definite glomeruli are seen. Some of them have undergone complete fibroid change, while others are fairly well preserved, though small and surrounded by a thickened capsule. In places these walls are lined by flat cells. The section covering the solid tumor is composed of very dense connective tissue showing little cellular infiltration. It is filled with large cysts of various sizes lined by low cuboidal or flat epithelium; most of them are empty. The solid tumor itself represents a fairly well circumscribed edematous growth. It is composed of rather delicate connective tissue trabeculae which anastomose to form a close network. They carry blood vessels and are lined by a single layer of cuboidal epithelium containing regular oval or round fairly deeply staining nuclei. No nuclear figures seen. These trabeculae are often pressed closely together and the spaces between them are small. The diagnosis, therefore, is Cystic Kidney and Adenoma of Kidney.

The recovery was absolutely uneventful. The kidney which was removed had evidently long since ceased to functionate.

Case IV. Tuberculosis of the right Kidney and Ureter.—A young girl of 24 complaining of some bladder trouble. Family history not relevant. She was never very strong, but had had no severe illness. Puberty established at 16. Menstrual flow always scant and recurred at irregular intervals, but no dysmenorrhea. Never suffered with chronic cough. Present illness began in December, 1902, with a dull, heavy pain in right iliac fossa, though previous to this time she had some frequency of urination. The iliac pain became progressively worse, backache and headache with bearing down sensations developed. There was at this time marked frequency of urination with burning pain in bladder region. The urine was diminished in quantity and sometimes contained blood. She had occasional attacks of sharp, lancinating pain about the ovarian region on the right side, suffered much from nervous symptoms and dyspnea and began to lose weight. There was severe and constant pain in both legs. In this condition patient was admitted to Gyneccean Hospital early in July, 1904.

Physical Examination.—A thin girl of somewhat anxious expression and pale mucous membranes. Heart normal in all respects. Lungs are uniformly resonant upon percussion. The respiratory murmur is clear and vesicular except at the left apex anteriorly where the expiration was somewhat harsh and prolonged.

Pelvic Examination.—A multiparous pelvis with small laceration of cervix and perineum. Left appendages negative.

The Post Office has issued a fraud order against Nature's Health Restorer, its statements being proved untrue.

Indiana law provides penalties for anyone who endangers patients by prescribing things of unknown composition.

On right side a dense adherent mass diagnosed as a chronic pyosalpinx. Operation revealed very large and adherent ureter with enlarged cystic kidney. Uterus and appendages normal. Kidney and ureter removed entire through the original incision which was extended to the kidney region.

Pathological Report.—Specimens consist of kidney and ureter. The kidney is of normal size, of grayish brown color, capsule strips readily, leaving a nodular surface. Upon section the kidney structure cannot be made out, but the surface is covered with many small abscess cavities. Microscopically the kidney shows the characteristic appearances of chronic tuberculosis. The ureter is much thickened, measuring 8 mm. in diameter. The mucous membrane has undergone caseous degeneration. Serous coat shows many adhesions, contains pus. Microscopically ureter also shows lesions of tuberculosis. Tubercular bacilli found in pus from both kidney and ureter.

The convalescence was normal. Tubercular bacilli were found in the urine after operation and gradually disappeared. The cystoscope showed diffused tubercular ulceration in the bladder. The permanent result is in doubt as the girl returned home to the country and married against our urgent advice.

Case IV. Surgical Kidney.—Polyclinic Hospital. Specimen containing stone size of walnut in pelvis of kidney and two smaller stones in kidney substance. The kidney substance was riddled with pus pockets, one pocket being as large as a silver dollar. Admitted by me to my service at Polyclinic Hospital during Oc-

tober and operated upon by Dr. Erck on account of my illness.

Family history negative. Age 38 years. Married seventeen years, husband died four years ago, two children, one miscarriage. Oldest child fifteen years of age, living, youngest, five years ago; it died in second year. First labor was terminated with forceps, in bed two weeks, no complications. Miscarriage at seven months, occurred on the third day of an attack of pneumonia three years after first child. Second child born after a normal labor, in bed ten days, nursed this child. After the seventh month her periods reappeared and have been regular, though profuse, ever since. About three years ago she noticed that her urine occasionally had a very offensive odor and was turbid, she suffered no pain or other inconvenience nor did she consult her physician about it. In April, 1904, while doing heavy housework, she was seized with a sudden severe pain in right lumbar and inguinal region and on the following day her uterus projected from the vagina. This had never happened before. She dragged along a week and then consulted her physician who advised her to have an operation performed. She worked hard all summer and was admitted to the Polyclinic on October 25, 1904. Examination: Cystocele and rectocele. Uterus in second degree of prolapse. A cystic tumor reaching to umbilicus occupied the hypogastrium; in the right lumbar and inguinal region an irregular nodular mass, apparently connected with the pelvic organs could be made out.

Operation.—Abdomen incised in median line, the ovarian cyst was tapped and hysterectomy by amputation per-

Arteriosclerosis: Sawada gives a little digitalis if tension is low, kidneys good, getting good results.

Arteriosclerosis: In plethorics Huchard gave milk diet five days strictly with the use of digitalis.

formed. The cyst was of the left ovary, the right ovary was also cystic. The nodular mass in right lumbar region was found to be the much enlarged right kidney extending as low down as the pelvic brim.

After ascertaining by palpation that the left kidney was present and not diseased, the median incision was closed and an incision outside of and parallel to the semilunar line on right side made. The posterior peritoneum was cut through to the outer side of the ascending colon and the densely adherent kidney delivered. The vessels were tied off with medium-sized silk and the ureter traced down to beyond the pelvic brim where it was divided between two silk ligatures.

No more of the ureter was removed on account of the shock produced by the operation.

The recovery was uneventful. Four weeks later I repaired the cystocele and rectocele. The urine, which originally contained albumin and granular casts, is gradually clearing up.

REMARKS.

In none of these five cases were the symptoms such as to draw our attention directly to the diseased kidney and yet all five were cured by operation. Cases I and II suffered prominently from nervous and gastrointestinal disorders. Case II attributed her trouble to her kidney only because she could feel the lump through the abdominal wall and was told it was a kidney—naturally every ache and pain she had would be credited directly to that lump. So little did her kidney symptoms predominate that a specialist whom she saw at the first visit declared he did not believe she had a float-

ing kidney at all, he not having found it displaced at that visit. At a subsequent visit he found it, however, and advised the operation. Both these women were apparently cured by operation and fixation of the loose kidney.

The cystic kidney with the complicating adenoma (Case III) had absolutely no symptom of kidney disease whatever, except the tenderness on palpation of the enlarged organ.

The case of tuberculosis of the kidney and ureter, with the tubercular cystitis, had no kidney symptoms as the prominent feature. However, there was more than enough to have made an accurate diagnosis had time been given to investigate the case as it should have been. It was the old story of a case sent from the country getting to the hospital late in the day with the operation prearranged for the following day—the diagnosis made at her home and the most casual kind of a pelvic examination made at the hospital merely to make sure that the case would not be sent to the operating table and nothing found in the pelvis. The general appearance of the girl, a hasty examination by an assistant with the remark that there was an immovable mass on the right side and the case assigned to the next morning's work in the operating room. An examination of the urine alone and the discovery of the tubercle bacilli, or a cystoscopic examination of the bladder, would at once have put one on the right track.

The case of surgical kidney with renal calculi complicated by the ovarian cyst and the prolapse, could almost certainly have been overlooked until the operation, especially on account of the low position of the enormous kidney and the

Arteriosclerosis: With angina use digitalis only in light cases where heart weakness is evident in intervals.—Romberg.

Arteriosclerosis: In cardiac asthma, nocturnal, give narcotic with camphor or caffeine; no morphine in angina.—Romberg.

absolute lack of symptoms pointing to the kidney. The albumin and casts would have told nothing.

I have oftentimes noticed this lack of prominence of the symptoms direct from the kidney and the chance of their being overshadowed by symptoms coming apparently from other organs. In only too many cases have the patients been sent for other troubles and their physicians surprised when told of the true situation. On not a few occasions has it been rather embarrassing, as the patient was not prepared for the character of operation necessary, not having been advised of the possibility. In the ordinary run of cases the kidney lesion should be

readily detected—the diagnosis is not so very difficult at least for a suspicion, if time be only taken for the investigation. Our mistakes in diagnosis in the hospitals are almost always due to being tempted to operate the day after the arrival of the patient, because both the doctor (who comes a long distance and must return) and the patient desires it so, and unless the kidney symptom is sufficiently prominent to at once draw our attention to it at even a casual examination, we are tempted to be good natured and yield to circumstances when our better judgment should warn us against the hurry.

Philadelphia, Pennsylvania.

ACID STATES IN SURGICAL AND OTHER TRAUMATISMS.

BY GEO. F. BUTLER, M. D.

Professor of Practice of Medicine, Dearborn Medical College; Professor of Medicine, American College of Medicine and Surgery.

CERTAIN facts have long been known about traumatisms and surgical operations which on any other principle than interference That traumatism and surgical operations with metabolism were inexplicable. operations produce mental disturbances has been recognized for many centuries. Before anesthesia became dominant *delirium traumaticum nervosum* was the title applied by the older surgeons to a confusional mental state, where as shown by the term "nervosum" there were no pathologic cerebral lesions determinable.

Neurosis in the older nosology was a condition destitute of determinable pathologic basis. The great diminution of these conditions after anesthesia and before antiseptics became dominant led to a disregard of the few cases occur-

ring, although surgeons like Billroth recognized and reported them. After antiseptics these cases seemingly became more numerous because the study of new antiseptics forced their recognition. The old pathologic view was adopted concerning them and from their study certain surgeons began to recognize the constitutional effects of an operation *per se* independent of its site or "reflex" explanations.

This constitutional effect of an operation *per se* was clearly of metabolic type and allied to the benign constitutional effects of traumatisms which had been long recognized in psychiatry. Cases occurred quite frequently in insane hospital practice where fractures and injuries had initiated improvement and even recovery, nay, cases were undoubtedly

Arteriosclerosis: Weak heart from coronary disease, with abdominal plethora, high vascular pressure—purge.—Romberg.

Arteriosclerosis: With early nephritis comes severe sudden dyspnea; high tension, weak heart, little urine.—Romberg.

proven, where members of idiotic families escaped idiocy by a fortunate skull fracture. These cases were not explorable on the ground that the skull fracture prevented suture closing. Counterirritation was alleged by not a few clinicians to be the factor of improvement, but the only counterirritation which could be efficient was that which affected the organism as a whole, which hence must be an agency that could work through metabolism alone.

The metabolic factor underlying these changes had remained unsuggested until within the last ten years. That conditions like diabetes, gout, rheumatism and even constitutional dermatoses like the erythemas alternated with psychoses, neuroses and other constitutional disorders has long been known. The condition was known to the older clinicians as retrocession, and its philosophy underlay the wild psora vagary of Hahnemann which still survives despite the notoriously parasitic origin of scabies. The alternation of gout and mental disorder was most markedly demonstrable, and most frequently recorded, more especially since the mental attacks and the brief fleeting nature of the most common types of *delirium traumaticum nervosum*. By alienists the more extended mental alternations of diabetes were as frequently recognized, since these came under insane hospital care. The types varied according to the period of life when the patient was attacked.

That gout and diabetes were essentially suboxidation states was early demonstrated. That imperfect oxidation underlay depressed psychoses like melancholia and the depressed phases of the compound psychoses Meynert demon-

strated nearly forty years ago. That suboxidation products like acetone, diacetic acid and betaoxybutyric acid frequently coexist with these conditions has been shown by Coriat. That there is a large nervous factor in all metabolic processes was shown by Claude Bernard and Brown-Sequard. That the monarchical vasomotor center in the medulla and consequently the oxidation processes were affected by nerve changes external to the medulla these physiologists showed. The occurrence of imperfect oxidation from epilepsy and the epileptiform and apoplectiform attacks of parietic dementia were evidence along the same line. The mental and nervous phenomena of acidosis, the dangerous suboxidation phase of diabetes, tended to demonstrate from the kinship of the phenomena with those produced by traumatism, that these last were underlain by acid states.

During 1901-1905 urologic studies on various traumatisms and surgical operations have shown the coexistence of sugar and acid states with these. The nervous and mental explosions, judging by their resemblance to the nervous and mental conditions of acidosis, are clearly due to the imperfect elimination of acids and imperfectly oxidized sugar through renal insufficiency from sudden strain or preexistent unrecognized renal defect. The normal degree of urinary acidity is from 30 to 45. If it fall below 30 one of two things is occurring, either imperfect production of acidity or imperfect elimination. In the first event, imperfect oxidation is present. In the last event acid accumulation with all its possibilities is imminent. In certain traumatic insani-

Arteriosclerosis: Neurasthenia after 40 to 50 suspicious; give much water; atropine relieves gast. int. paroxysms.—Romberg.

Arteriosclerosis: Best general remedy, pot. iodide; thins blood and lessens work to be done by the heart.—Romberg.

ties due to accidents, study of these conditions has revealed that after recovery of judgment, a period of seeming mental quiescence of ominously evil prognostic mental symptoms results for a time. Then there occur attacks of vomiting, purging, quasi-coma with return of the mental symptoms. These attacks are preceded by a diminution of the degree of urinary acidity often as low as 8, and their subsidence is announced by an increase beyond 45. Insolation and electric cases, which clinically so markedly resemble traumatic cases, present similar phenomena. There are nervously unstable people where similar attacks are produced by humidity. Some cases included under the popular medical

hotch-potch, hysteria, are clearly of this last type.

There is, precedent to aphasic attacks in some male hysterics, a diminished degree of acidity preceding the attack, which is succeeded by an increased degree of urinary acidity.

Therapeutically, these facts afford certain suggestions. More careful study of the urinary acidity in operations should be made. The influence of the anesthetic on renal elimination should also be studied more carefully from this standpoint. The prophylactic influence of sodium bicarbonate in suspected cases is likewise suggested.

Chicago, Illinois.

KEZMARSKY'S DECAPITATING ECRASEUR.*

BY MYRON METZENBAUM, B. S., M. D.

THE chief indications for decapitation in utero are: (1) An impacted shoulder. (2) An impacted shoulder with one arm down.

In either case there may be either a normal or abnormal head, but decapitation must be restricted to cases in which it is impossible to do a version on account of the inability to move the child or because of the risk of rupturing the uterus, and when there are counter indications, or consent can not be obtained to a Cesarian section.

The best known instrument for accomplishing a decapitation is the Braun's hook. After encircling the child's neck with the thumb and the two first fingers of the one hand, one introduces the in-

strument with the other hand, guiding the hook until it surrounds the neck of the child if possible and placing the hook between intervertebral space. After giving a few sharp turns of the handle the neck is broken and the soft parts are then torn through.

The Ramsbotham knife and hook is the same instrument with a sharp edge.

Not having an appropriate instrument on hand a string may be passed around the neck of the child, by the aid of a hook or catheter, and with a sawing motion the decapitation may be effected. A specially constructed instrument is the one I present, and of the several similar instruments suggested this is the simplest. Namely, it is an ecraseur. It was designed by Prof. Kezmarsky of Buda-

*Presented at meeting of Cleveland Academy of Medicine.

Strychnine sustained at full physiologic effect cured a case of ataxia; due to exposure to salt water for hours.

The first principle of treating ataxia is to empty and disinfect the bowels; the second is to keep them empty and clean.

Pest, he being the successor of Prof. Semmelweiss, who first recognized the cause of puerperal sepsis. The technic consists in being able to pass the wire around the child's neck either from

fed by the other hand, and drawing it around the neck. If this is accomplished, then by fastening the loops at the ends of the wire on to the hooks and screwing up the handle, the neck will be rapidly severed from the body.

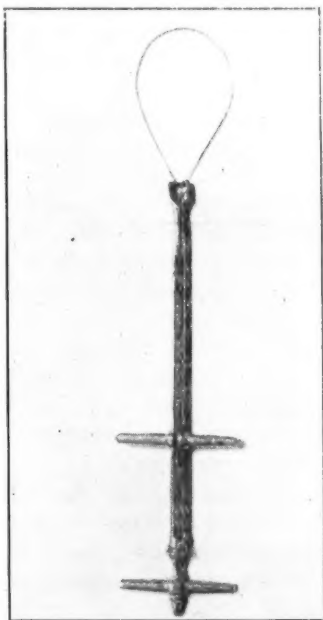
The advantages of this instrument are: Its simplicity; the very slight damage that can be done to the mother's parts; its great effectiveness; the rapidity of the operation. The instrument is simple, can be easily sterilized and is of very great power. The disadvantages are the difficulty which may arise in passing the wire around the neck and the slight danger of passing the wire through the uterine wall.

It is a very special tool and used only at very rare occasions. It does not "fill a long-felt want," for the Braun's hook can be used quite as effectively and almost as rapidly as this instrument when in the hands of the obstetrical surgeon; but it is safer for the general man.

In general surgery this instrument may find a place where the ecraseur is generally used. However, as the ecraseur is quite an obsolete instrument it will find but little use here.

From a mechanical point of view the instrument is of very high standard, being simple, of few parts, easily manipulated, and of very great power.

Cleveland, Ohio.



Kezmarsky's (Buda Pest) Decapitating Ecraseur.

above downwards or from below upwards. This is done by surrounding the neck with the thumb and two first fingers as in using the Braun's hook, and catching the end of the wire, which is

SURGICAL NOTES

ETHER BY THE DROP METHOD.

Recently it has been demonstrated that ether may be given in the same way that modern men have given chloroform: with a dropper and an Esmarch mask.

The ether is poured on much more freely than the chloroform, is kept constantly dropping (no setting down of the bottle under any circumstances) and is varied from one part of the mask to the other so that none shall run through. It re-

Arteriosclerosis: Physiologic rest, reduce fat by diet not work, sleep sure, mild baths, no alcohol, caffeine drinks or tobacco.

Indiana law punishes him who endangers patients by prescribing while drunk or administers medicines.

quires fully fifteen minutes to secure complete surgical anesthesia, but the effect is much more satisfactory than from any other method thus far devised. Instead of the wild fighting of the old "suffocation" mode of administration the patient sinks tranquilly into unconsciousness; instead of a pound or two of ether being used a few ounces suffice; instead of the intense nausea and vomiting of the old way there is but slight stomachic disturbance since very little of the ether is swallowed to irritate the gastric mucous membrane.

BOILS AND CARBUNCLES.

The first is a staphylococcus, the second a streptococcus infection. Small boils sometimes may be aborted in their incipency by introducing with a hypodermic needle or sharp probe a drop or two of pure carbolic acid; but this will only aggravate a beginning carbuncle. If a definite pus cavity has formed, simple incision, if good gaping of the wound-edges is secured, is quite sufficient for most small boils and a few larger ones. With the larger kind very free incision is needful and if a small gauze drain is inserted there will be a free exit for the discharge and in a week, more or less, good granulations form and healing is uninterrupted. According to Rand the tendency to reinoculation of adjacent hair follicles can be prevented and the comfort of the patient promoted by washing the skin with alcohol and applying hot antiseptic compresses of boric acid or weak bichloride solutions. Large boils can be emptied more completely, and better drainage is secured, if a small oval

piece of skin is excised. The best treatment for carbuncles is to chloroform the patient, thoroughly excise all of the inflamed tissue, burn with pure carbolic acid, neutralize with pure alcohol and then pack with gauze. Unfortunately many patients will not submit to such heroic treatment until the disease is far advanced; but if the carbuncle is small, excision under cocaine and ethyl chloride anesthesia, combined, may be possible. Usually, however, all the patient will permit is incision of the central part of the mass of infiltrated tissue, with multiple incisions in the larger carbuncles. Then the application of hot antiseptic compresses will soften the tissues and encourage the separation of sloughs.

AVOIDING SECONDARY OPERATIONS FOR GALLSTONES.

It is a well-known fact that quite a large number of patients operated on for gallstones have to submit to a second operation—for stones accidentally left behind, or for those which form after the cholecystostomy. Concerning the latter Dr. Maurice H. Richardson, of Boston, says in the *New York Medical Journal*, that after operations for gallstones, in about 15 per cent of all cases there is a new gallstone formation necessitating a second operation. This he contends could be avoided by increasing the amount of bile-salts by their administration by the mouth. Operation for gallstones is unfortunately imperative where there is occlusion of the duct, but after operation, in order to prevent a reformation of stone, care should be taken to increase the amount of bile-salts to hold the cholesterin and bilirubin in solution

If the mucous membrane of the small intestine is injured an enormous growth of bacteria ensues.—Rolly, *J. A. M. A.*

Patients are less exhausted after labor if they take light nourishment in early stages; it doesn't interfere with chloroform later.

The *Medical Standard* claims that in hepatic colic, if sodium glycocholate is steadily and regularly administered no more stones will be formed and those remaining in the gall-bladder will be gradually dissolved. During the process of solution they become soft and friable so that they can easily be crushed between the fingers. In chlorosis and anemia and in those diseases in which there is destruction of hemoglobin, the elimination of the excessive bilirubin formed is accelerated by an increased flow of bile, and as the anemias are largely the result of malnutrition, stimulation of the liver is of great therapeutic value.

TRAUMATIC EPILEPSY.

Far more cases of epilepsy depend upon trauma than is generally supposed. Those in which depressed fracture or other local irritation can be determined are fit subjects for operative treatment; but the friends of the patient should be thoroughly impressed with the idea that the patient must be kept under internal treatment for at least a year after operation. In truth more epilepsy is absolutely curable than taught in our books. At a recent medical meeting, Dr. Chas. H. Hughes, of St. Louis, who has had vast experience with this disease, declared that epilepsy can now in many cases be listed with the curable diseases. He reported ten cases under observation for twenty-five years in which there had been no recurrence. In treating epilepsy, he always demanded an agreement that the patient should be under control at least two years, during which time he would treat every function of the individual so as to keep his general health in the

best possible condition. Of course, institutional treatment is better in most cases than private treatment. Bromides and eliminatives are the basis of therapy; but solanine in doses of 1-67 grain four times a day, pushed up gradually to 1-12 grain, is earnestly advocated.

FEVER WITH GALLSTONES.

Gallstone colic, however severe, gives rise to practically no fever unless infection of the gall-bladder has occurred by the colon bacillus or one of the common pus-producing cocci; in case high fever accompanies the attack operation is imperative. In a recent article in the *Carolina Medical Journal* Dr. J. W. Long of Greensboro, N. C., very aptly says: "Fever accompanying gallstones depends always upon infection of the gall-bladder or ducts and varies from normal to 105° F. The peculiarity of gallstone fever is the sharp rise of temperature which lasts only a few hours and drops suddenly back to normal. It is often spoken of as "a steeple temperature." One of my patients in this town would have at irregular intervals a chill, accompanied by a terrific colic, and followed by a sudden rise of temperature to 105° F. A dose of morphine would relieve the pain and in a few hours the temperature would be normal. I found at operation a suppurating cholangitis with 39 stones in the gall-bladder and one in the common duct."

SUTURING WOUNDS.

The skilful surgeon knows how to sew the skin without the use of needle-forceps and still without handling the cut

Certain diseases in men are traced to similar ones in animals where flesh has been eaten by the sufferers.—Babes.

Each form of bacterium secretes a substance fatal to itself alone; seems to be an enzyme; stopped by porcelain filter.—Conradi.

edges with his fingers. By pressing the edges together the needle may be pushed through without any contamination of raw surfaces. Professor Mikulicz, the distinguished German surgeon (just dead), remarked: "Whoever has an opportunity of watching a surgeon operate can generally judge at first glance from his manner of suturing, the degree of perfection which his technique has attained." For it is here that the dexterity of the surgeon most distinctly manifests itself. In spite of the numerous ingenious devices for facilitating the insertion of sutures, none of them surpasses the hand. The surgeon who has learned to apply stitches accurately and rapidly will often be able to shorten materially the period of operation, and thereby greatly diminish the risk of shock, and especially is this necessary in operative work upon the gastrointestinal tract; by the time the intraabdominal work is completed the patient is often so near collapse that a life may be saved by the knowledge of how to suture rapidly. Mikulicz has well pointed out that in the development of the purely scientific part of surgery there is danger of forgetting what might be termed the mechanics of the art.

APPENDICITIS AND THE OSTEO-PATHS.

One of the dangers of osteopathic practice is rupture of appendiceal abscess by "rubbing." In a deplorable case recently under my observation, death undoubtedly resulted from "osteopathic" treatment. A child of fourteen years attended a lawn party and "skipped the rope" for a considerable time—until nearly exhausted. That night she was seized with

pain in the right iliac region, which the mother presumed to be indigestion due to overeating and administered a good physic. Next day the girl was better but complained severely of belly-pain, which again the mother wrongly interpreted as menstrual in origin, the menses having appeared that day. For several days the patient remained in bed with some fever and pain, when suddenly the mother found a "lump" in the belly near the hipbone. Instantly the osteopath was summoned—something was evidently "out of joint." When he arrived he promptly complimented the mother on the accuracy of her observation, said the iliacus muscle had been displaced by violent exercise and—proceeded to manipulate the mass to secure restoration to the normal. He ruptured the abscess; the child went into collapse. I saw her three hours later—but she was dying. And yet such cattle are allowed to practise!

STERILIZATION OF KNIVES.

The question is often asked: How may knives be sterilized, as boiling dulls them so? Royster, as the result of experiments and of correspondence with a large number of operators, has reached the following conclusions: "(1) Knives can be safely sterilized by chemical and mechanical means without the use of heat in any form. (2) The majority of American surgeons are using carbolic acid, or alcohol, or both. (3) Immersion in ninety-five per cent alcohol has the least, and boiling the most, effect in dulling the edge of a knife." To all of which I want to offer the most strenuous objection. After a knife has been in a streptococcus abscess *nothing but boiling is*

Milk from immunized animals renders immune other animals that are fed on milk from the former.—Figari.

If large pericardial effusions are removed too rapidly dangerous cardiac weakness may supervene.—Curschmann.

safe! Boiling does *not* seriously dull a knife if it be boiled in a very strong solution of washing soda (sal soda); cooking soda (bicarbonate of soda) will *not*

do—it is absolutely useless; but the carbonate (sal soda) can be relied upon invariably. I have a knife which has been boiled 5,000 times and it still “works.”

GYNECOLOGICAL NOTES

IMMEDIATE REPAIR OF PERINEUM.

A half hour after delivery is the best time to properly restore the perineum. At that time the tear can be plainly seen and accurately sutured without anesthesia. The tear is usually crescentic, starting in one of the posterior vaginal sulci (commonly about two inches up the posterior vaginal wall) and sweeping in a curve outward to the middle of the perineum. Sometimes there will be two such tears, which together make the crescent of Emmet. Such tears can be easily closed with one or two continuous catgut sutures, starting at the apex of the tear and bringing the tissues together with an over-and-over stitch, which commences on the mucous membrane and passes to the bottom of the tear, then up to the mucous membrane on the other side of the tear; this, if continued, unites first the tear in the vagina and brings the torn skin-edges close to each other. One or two supporting stitches of silkworm gut may be passed through the middle of the perineum from the skin; or a No. 4 catgut may be used and if the wound has not been infected there will be primary union. When the rupture extends through the sphincter ani chloroform should be given as soon as the placenta is delivered and an effort made to clean out the rectum without contamination of the raw surfaces. When the bowel is

fairly clean from gauze swabbing and careful irrigation, the rectal mucous membrane must be closed with No. 2 catgut by interrupted stitches one-quarter inch apart, tied in the rectum. When the sutures have been introduced well beyond the anal margin the remainder of the operation is as described above, except that more care must be exercised to bring the separated levatores ani muscles together and hold them in place by passing the silkworm gut stitches through them as well as the skin and subcutaneous tissue.

PRECAUTION AS TO TRENDLENBURG POSITION.

In performing celiotomy for pelvic troubles where the Trendelenburg posture is employed, the incision in the abdominal wall should not be closed while the patient is in that position, as emphysema of the abdominal wall is likely to follow with distressing symptoms. Meinert of Dresden, has known eight cases of this kind, and Leopold alone has had eight. The emphysema occurs between the peritoneum and muscle (the peritoneum sometimes being easily separated from the muscle, particularly where there has been considerable manipulation in the peritoneal cavity), and in the subcutaneous areolar tissue. It is not harmless, but it increases the rapidity of the pulse, causes considerable pain, and

Spasm of involuntary muscular fiber often coexists with dilation in another part of the same organ.—Brunton.

Belladonna is one of the most useful drugs for relieving spasm of involuntary muscular fiber I know of.—Brunton.

makes the patient restless. It also may extend into the inguinal region, or even, as in one of Leopold's cases, to the axilla. Healing will be seriously interfered with. The trouble may be avoided by placing the patient in the horizontal position before closing the abdomen. The greater part of air admitted to the belly is thus expelled.

NASAL DYSMENORRHEA.

The relationship between the nasal mucous membrane and the sexual apparatus is often forgotten. One should always remember that there is a woman behind the uterus. In cases of persistent dysmenorrhea relief may sometimes be afforded by painting the genital spots in the nose with 1 per cent solution of cocaine, as demonstrated by Schiff, Ries, Fliess and others. During menstruation there is a congestion of the Schneiderian membrane not present during the rest of the month; a congestion which may also be produced by violent sexual excitement—the popular expression “bride's cold” being a lay recognition of the relation between the nose and the sexual sphere. In most people there is a temporary swelling of the nasal mucous membrane just preceding and during the sexual act, disappearing with detumescence.

TREATMENT OF ABSCESS OF BROAD LIGAMENT.

When one is sure the suppurative process is limited to the broad ligament, or that the abscess can be reached from below, the best treatment undoubtedly is free vaginal incision and downward

drainage; and with some operators the relatively high mortality of abdominal section for complicated cases of suppuration in the uterine appendages has led to the employment of simple incision and drainage in even those cases. This might be considered, as Noble says, a reversion to the type of operation in vogue before the introduction of abdominal section for the cure of inflammatory disease of the uterine appendages; but this is only partly true. The old operation of aspiration and puncture for pelvic abscess was practised without an adequate knowledge of the pathology of pelvic suppuration; and enlightened by this knowledge the surgeon is enabled to vary his technic so as to meet the indications for the thorough evacuation and drainage of the pus cavities in the different classes of cases presenting themselves.

NOTE ON EXAMINATION.

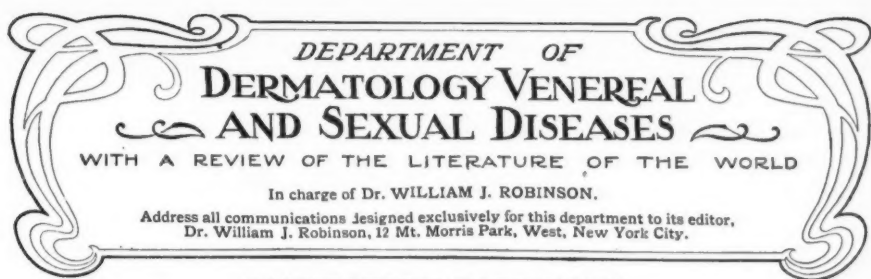
In making an examination of a woman known to be hysterical, care should be taken not to manipulate certain spots; the breasts, the clitoris, etc.; for, as Havelock Ellis points out (*Psychology of Sex*, page 9): “In some hysterical subjects there are so-called ‘erogenous zones,’ simple pressure on which suffices to evoke the complete orgasm.”

SEXUAL NEURASTHENIA.

It is a queer fact that sometimes sexual neurasthenia is the only discoverable cause of persistent pruritus vulvæ, and more rarely, even of troublesome itching of the anus.

In chorea arsenic has been recommended, but I do not think it is of much use, having obtained no benefit from it.—Brunton.

Not infrequently hysteric general spasm may be relieved by means that tend to raise the blood pressure.—Brunton.



SALUTATORY FOREWORD.

TO the readers of THE AMERICAN JOURNAL OF CLINICAL MEDICINE, Greetings:

I rejoice in the opportunity of being able to address from month to month forty thousand American physicians, of sharing with them my little knowledge, my ideas, my aspirations.

It shall be my endeavor to make the Department of Dermatology, Venereal and Sexual Diseases of distinct and practical value to the general practitioner, of immediate value to him in his daily practice. The subject of Venereal and Sexual Diseases has been neglected too long, to the incalculable injury of the medical profession and to the immense benefit of the quacks and charlatans. This should not be so and it shall not be so in the future, as far as lies in our power.

Besides editorial and original articles, this Department will contain a review of the literature on the subject in the English, French, German, Italian, Spanish and Russian languages. We can assure our readers that nothing of importance in our special branches will ever

fail of being chronicled in these pages.

This is my department and for this department alone I am responsible. With the advertising pages I have nothing to do. The general policy of the JOURNAL, however, is to exclude all objectionable advertising and it is going at the work with an earnestness and sincerity which we should be pleased to see emulated by some of our pretentious weeklies.

To avoid any possible misunderstanding or carping criticism, it is perhaps well to say right here, that while the entire editorial force or "cabinet" is working in harmony and unison, each member thereof preserves his entire independence, his entire freedom to express his own opinions in his own way. As I understand it, each member is responsible only for what appears under his name, or in his department.

And now permit me to wish you all A Happy New Year! May the year 1906 bring you Happiness, Peace of Mind, Greater Wealth, Greater Power, a Greater Sphere of Work and Influence!

WILLIAM J. ROBINSON.

HAS THE SPECIFIC ORGANISM OF SYPHILIS BEEN DISCOVERED AT LAST?

THE history of the *Spirochaeta pallida* is a remarkable commentary on the care and skepticism with which new medical dis-

coveries, new remedies, new theories are being received at the present time. Had the *Spirochaeta* been discovered ten or fifteen years ago, the announce-

ment would have been made with the beating of drums and the clanging of cymbals and its specificity would not have been doubted for a moment. But during the past decade or two we have had so many wonderful specifics announced which soon came to naught, so many "specific" organisms of syphilis have been discovered which afterward proved to be ordinary cocci or bacilli (for instance, Lustgarten's bacillus is held by many investigators to be identical with the smegma bacillus), that the profession has become very wary. And rightly so. Still, there can be but little doubt that the *Spirochæta pallida* has a close etiologic relationship to syphilis. It is found too uniformly in the primary and secondary lesions of syphilis and it is too uniformly absent in nonspecific lesions. If this be the case, why do we not come out openly and declare boldly that the *Spirochæta pallida* is the specific germ of syphilis, the same as Loeffler's bacillus is the specific germ of diphtheria?

For this reason:

It does not fulfill the triad of Koch. Koch laid down three demands which he very justly claimed must be fulfilled before a germ can be declared specific in relation to any disease: (1) We must find the germ in the diseased tissues, (2) we must be able to cultivate it, and (3) when inoculated into animals or man, the germ must reproduce the disease. So far the *Spirochæta pallida* answers only the first demand; whether it will ever fulfill the second and third demands is questionable, as the organism is extremely delicate, and so far attempts at cultivation have failed. But it is a risky thing to prophesy.

Now, what is the *Spirochæta pallida*? It is a minute organism, belonging to the class of protozoa, spiral or corkscrew shaped, having often as many as fourteen turns, very thin and very motile. It can be seen with the highest powers of the microscope only. There is another spirochæta, called *S. refringens*, similar in shape to the *pallida*, and which may readily be mistaken for the latter by the inexperienced. But the *S. refringens* is thicker, has longer and fewer spirals and stains more readily and more distinctly. If one has seen typical specimens of both spirochætæ he will not be likely to mistake the one for the other.

The honor of the discovery belongs to Schaudinn and Hoffmann, both of Berlin. The writer was fortunate enough to be present at the meeting of the Berlin Medical Society, at which the announcement of the discovery, with microscopic and stereopticon demonstrations, was made, and he gave a report of the meeting elsewhere. The skepticism was quite general at first, but as corroborative reports began to come in from Metchnikoff and Roux, Rille, Frosch, Levaditi, McWeeney, Oppenheim and Sachs, Buschke and Fischer and from numerous other observers in all parts of the world, the skepticism gave way to unbiased expectance and then to pretty general acceptance.

The staining of the organism is not difficult, but requires of course practice. The smears must be *exceedingly* thin; with thick smears you may pretty confidently count on failure. The original stain with which Schaudinn and Hoffmann (and the writer) worked is Giemsa's eosin, Azur I and Azur II stain (the stain is very difficult to prepare and

Camphor monobromide has succeeded with chronic forms of lumbago where given in doses of a grain every half hour till effect.

Lumbago: Acute sudden cases as after a strain are quickly relieved by ammonium bromide; gr. 20 every 8 hours, 6 doses.

must be bought ready-made), but Oppenheim and Sachs, assistants in Prof. Finger's Clinic, Vienna, reported a method (*Deut. Med. Wochen*, July 20, 1905) which is quite simple and generally satisfactory. The method is as follows: The slides with the thin smears are dried in the air and dipped into a solution consisting of 10 Cc. of a concentrated alcoholic solution of gentian violet and 100 Cc. of a 5 per cent aqueous solution of carbolic acid. The slides are then slowly dried by heating over a Bunsen burner; while the Giemsa method takes twenty-four hours, this method takes only a few minutes.

THE TREATMENT OF PSORIASIS.

In one of his popular monographs for the general practitioner, Dr. S. Jessner of Wuerzburg outlines the treatment of psoriasis as follows: Leaving dietetic regulations aside as of little or no avail, we may hope for success from the use of certain internal remedies. The first place belongs to arsenous acid, which is best given in pill form, each containing about 1-20 grain, to be increased later to gr. 1-15, and to be taken three times daily after meals. The customary addition of black pepper to the arsenic is unnecessary. This treatment should be continued for at least three months, gradually increasing the dosage and as gradually diminishing it. It is futile to expect rapid results, but with patience we may look forward to a disappearance of the psoriatic patches. If necessary, this course of treatment may be repeated every six months. Much more brilliant results can, however, be obtained

from the hypodermic use of arsenic. A one per cent solution of sodium arsenate may be employed, or the ordinary Fowler's solution diluted with an equal part of water, injecting 1 to 15 minims daily, gradually increasing the dose. This method has slight drawbacks, which are obviated by using the new arsenic derivative, atoxyl. The following formula is practical:

Atoxyl 4.0 (1 dram)
Distilled water ..20.0 (5 drams)

S. One to 15 minims hypodermically.

One small injection daily can be given, or two larger injections twice a week. Another preparation of arsenic, to be similarly employed, is sodium cacodylate.

Sodium cacodylate...1 dram
Distilled water2½ drams

S. For hypodermic use.

Arsenic has even been injected intravenously, but this method is not meant for the general practitioner. It is necessary to bear in mind the untoward by-effects of arsenic, when the patient is taking it steadily. Such are: colicky pains, diarrhea and especially the appearance of pigmented patches on the skin, the so-called arsenic melanosis. These manifestations prohibit the further continuance of the drug.

Next to arsenic, the iodides deserve mention in the treatment of psoriasis. They are very much used in France, and have been productive of good results. The iodide of sodium or of potassium may be given, but in large doses, one to two drams daily for many weeks. Or iodipin (25 per cent) may be given under the skin in daily quantities of 1 to 2 drams. On the other hand, thyroid ex-

Lumbago: Investigate the rectum, uterus, and other pelvic viscera; and find what you are trying to treat, to begin.

Lumbago: Some cases are true neuralgias and relieved by full doses of zinc phosphide, strychnine, iron and quinine arsenates.

tract has been a disappointment in this disease and deserves mention only to be condemned.

While internal medication is useful, especially when the disease is generalized and the skin irritable, it is not nearly so important as the external treatment. Before applying external remedies, the skin must be brought to a proper condition, all signs of irritation having been removed by some soothing ointment or paste, for instance:

Zinc oxide $\frac{1}{2}$ ounce
 Starch $\frac{1}{2}$ ounce
 Vaseline 1 ounce

The next step is to remove the crusts and scales. A warm bath with soft soap usually suffices, though at times repeated bathing and even mechanical scraping is necessary. Among the numerous antipsoriatic remedies chrysarobin easily comes first. It may be used in ointment, paste, or solution in traumaticin. [Traumaticin is a solution of gutta percha in chloroform.—W. J. R.]

Chrysarobin.... 8 grs. to 2 drams
 Vaseline, to make 10 drams

S. Salve.

or Chrysarobin.... 8 grs. to 2 drams
 Zinc oxide..... 2 drams
 Vaseline, to make 10 drams

or, in solution:

Chrysarobin.... $\frac{1}{2}$ —1 dram
 Traumaticin to make 10 drams

The solution, when applied to the patches, forms a thin skin which adheres firmly. This method is applicable to small areas. Chrysarobin gives good results in about three-fourths of all cases. However, the drug has many drawbacks and by-effects, such as conjunctivitis, which may easily supervene, discolora-

tion of the skin, dermatitis and even nephritis. It also stains the clothes. All this makes the choice of some other remedy often imperative, and here pyrogalllic acid is to be recommended as also very efficient. It is however, a potent poison, and should not be used over extensive areas or in children.

Another efficient remedy is eugallol:

Eugallol,
 Acetone, aa., equal parts
 S. External use.

The patches are painted with this once every day, and after drying, a dusting powder is used, such as zinc oxide.

For mild cases of psoriasis, especially about the face and scalp, the white precipitate of mercury can be recommended in 10 per cent ointment form.

Formerly tar played an important role in the treatment of psoriasis, and it is still often quite welcome as an adjunct to chrysarobin and the other more specific remedies. The oils of tar may be safely used—oil of cade, oil of birch, also pure liquid tar. Salves containing tar are not so efficient.

Naftalan, a modern preparation having the consistency of a thick salve, is often remarkably useful. It may be applied on lint and covered with wax paper, a bandage holding it in place.

No good word can be said about sulphur and ichthyol in psoriasis.

Finally, salicylic acid should be mentioned on account of its keratolytic properties, which render it valuable for the purpose of softening the patches. The following is a useful prescription:

Salicylic acid $2\frac{1}{2}$ drams
 Chrysarobin 5 drams
 Oil of birch 5 drams

Ataxia: One of the most eligible experiments is to clear the bowels; disinfect and hypo nuclein solution in fullest doses.

Lumbago: This is never rheumatic—there are no joints in muscles. Hot-water bags relieve acute forms; lunar caustic chronic ones.

Soft soap6 drams
 Vaseline6 drams
 Make an ointment.

[We can testify from personal experience to the great efficiency of this combination.—W. J. R.]

Salicylic acid may also be added to solutions of chrysarobin:

Chrysarobin 1 dram
 Salicylic acid 1 dram
 Traumaticin to make 10 drams
 S. Apply to patches.

The treatment of psoriasis with light and Roentgen rays has not justified the original expectations, and we are thus thrown back upon salves and other old-fashioned applications.

NON-GONORRHEAL URETHRITIS

Dr. Henry G. Spooner, in considering the subject of non-gonorrheal urethritis notes that it was at one time confused with syphilis, and later on was charged solely to the presence of the gonococcus. Experiments have since proved that urethritis can be due to various pyogenic organisms. Cases of this kind are not rare in this country, and clinicians should take them into consideration.

The causes that contribute to the production of urethritis being so numerous, the author prefers a classification based upon the clinical conditions in which cases of non-gonorrheal urethritis have been observed, and suggests the following classification:

(1) Urethritis caused by external irritation—coitus, catheterism, ungratified erections, masturbation, medicated injections; (2) that caused by internal irri-

tation, food, drinks, drugs, gout, rheumatism, arthritic diathesis, diabetes, herpes, mumps, syphilis, tuberculosis, typhoid fever.

Coitus renders the urethra more susceptible to germ invasion, if the urethra has before been inflamed by gonorrhea or other cause.

Differential diagnosis is impossible from the clinical point of view, but as a rule in the non-gonorrheal type the incubation period and the course are shorter and less painful than in the specific form.

As to treatment in non-gonorrheal urethritis of constitutional origin the exciting cause must be removed. When pyogenic bacteria are the cause, the treatment should correspond to that of the gonorrheal type. In some cases of aseptic urethritis however, the origin remains a mystery, and no form of treatment is effective.

The author's conclusions are: (1) The presence of pyogenic bacteria is not sufficient to cause urethritis until the vitality of the epithelium is lowered: (2) there are two varieties of non-gonorrheal urethritis of primary origin, that caused by external irritation, and that due to internal irritation, chemic or toxic; (3) no incontestible cases of urethritis caused by gout, rheumatism, the arthritic diathesis, diabetes, or mumps are contained in the literature.—*Med. Rec.*, Nov. 11, 1905.

PRIMARY SYPHILIS OF CONJUNCTIVA.

Dr. W. J. Forshaw, of West Australia, cites the case of a housekeeper who, in attendance upon a syphilitic, one day

Lumbago: Massage with hot cod-liver oil is useful in many chronic cases; also faradism; sometimes galvanism in *scutes*.

Lumbago: Use arsenic iodide for elderly cases with arteriosclerosis; with laxatives and massage always and in plenty.

complained of pain in the eye (*Brit. Med Jour.*, Oct. 14, 1905). The conjunctiva was chemosed, projecting over the edge of the cornea, and there was a slight discharge of watery fluid. A small gray patch of slough was apparent on the ocular conjunctiva, which was engorged and swollen.

The eye was gently washed and fomentations were applied frequently, but the condition continued ten days without much change. As the inflammation began to subside the patch did not suppurate, and at no time was there any ulcer. In a month's time the slough had gradually disappeared, leaving no mark on the conjunctiva.

About the third week the preauricular, cervical and submaxillary glands began to cause pain, and became enlarged and hard. The temperature rose every night to about 100 degrees F., the patient had pains and aches throughout the body, and at the end of the sixth week a well-marked rash had appeared on face, trunk and limbs.

Infection was probably acquired by means of the fingers. There were no genital or other sores.

A NEW SYMPTOM OF CONGENITAL SYPHILIS.

The importance of an early diagnosis of congenital syphilis is sufficiently attested by the large number of books, dissertations, etc., devoted exclusively to the early manifestations of the disease. Nevertheless, the usual data relied upon are only too often unreliable. Neither the history of repeated abortions nor the recognized skin-lesions of the infant can always be leaned upon confidently in

making a positive diagnosis. Hence the importance of a new sign described by W.P.Jukoffsky (*Med. Obos.* LXIII, No. 7), consisting in a peculiar dryness and mobility of the epidermis. Sometimes, especially in infants with slighter degrees of atrophy, this phenomenon is found only in certain regions, as upon the chest, the abdomen, the neck, sometimes only on palms and soles. The epidermis in these cases is loosely adherent to the cutis below and is movable. When this looseness is general, the epidermis covers the body like a thin shirt, and when the child moves, the loose covering is thrown into folds and presents a curious wavy surface.

The entire picture is quite characteristic and is seen immediately after birth. In a few days the appearance of the skin begins to change slowly, owing to deep cracks and fissures which result in bleeding stripes and spots, giving the surface a variegated aspect. Desquamation now also sets in. There is no icterus. The outcome is usually fatal, death taking place in the course of a few days. This description ought to be sufficient for a diagnosis and the author urges physicians to be on the lookout for this new sign of congenital syphilis.

LARYNGEAL SYPHILIS REQUIRING TRACHEOTOMY.

Dr. C. F. Theisen reports a unique case of laryngeal syphilis which required tracheotomy to save the patient's life. (*Laryngoscope*, September). The symptom for which she sought relief was a gradually increasing dyspnea. On examination the nose and nasal pharynx were found normal, with the exception

Lumbago: If you use rhus, give small doses often until there is beginning irritation of the bladder; otherwise useless.

Lumbago: The vegetable stimulants to lymphatic absorption, stillingin, phytolaccin, xanthoxilin, rumin, full doses in hot water.

of a slight nasopharyngeal catarrh. The entire epiglottis was infiltrated and pulled back to such an extent that the laryngeal entrance was practically closed. There were no ulcerations. The glottis, with the exception of a very small opening posteriorly, was closed by a mass of cicatricial tissue stretching from side to side just under the vocal cords. The attacks of dyspnea became so frequent that it became necessary to perform a low tracheotomy under local anesthesia. Since then the gain in the patient's general condition has been quite remarkable. She is still wearing the tracheotomy tube. Theisen favors intubation in cases in which the stenosis is not extreme and when it is caused by a thickening and infiltration of the cords and ventricular bands, thus narrowing the glottis. In some such cases intubation may be carefully used without preliminary tracheotomy. When the stenosis is extreme, however, or when membranous adhesions exist between the cords, leaving only a very small opening, a tracheotomy should precede attempts to dilate the stricture from above. In such cases a sudden edema may prove fatal before an intubation tube could be properly adjusted. Tracheotomy, followed by laryngeal fissure, offers the best chances of a permanent cure when there is such cicatricial tissue occluding the glottis by uniting the cords.

LOCOMOTOR ATAXIA IN CHILDHOOD.

This disease occurs very rarely in children, there being about twenty-five cases on record. Dr. M. S. Marguliss (*Med. Obs.* LXIV, No. 17) writes on the subject and emphasizes some interesting fea-

tures of the disease. Clinically, tabes has much the same manifestation in children as in adults. The picture is perhaps clearer in early life, owing to the absence of several disturbing factors peculiar to adults. The history of all cases of children's tabes reveals syphilis in the parents, though the children themselves seldom show signs of syphilis, the infection remaining latent in them.

How does it happen, one might ask, that tabes in children is so rare, while hereditary syphilis is so frequent?

This the author answers as follows: first of all, not every case of syphilis leads to tabes, the latter being usually the result of a chronic luetic infection; secondly very many syphilitic children die of other diseases before they have had time to develop into tabetics. Hence the disproportion between tabes and hereditary syphilis.

THIOSINAMIN IN THE TREATMENT OF URETHRAL STRICTURES.

Dr. E. Remete, (*Centr. Harn und Sexualorgane*, 1905, 215), reports his results from the employment of thiosinamin in 20 cases of urethral stricture. He used a 15 per cent alcoholic solution and of this he injected 15 minims into the back twice a week. The injection of an alcoholic solution of thiosinamin is quite painful and cocaine must often be used to deaden the pain. According to the author, the results of the injection were quite favorable. They did not, *per se*, dilate the strictures, but the strictures became softer so that dilatation was much easier and much more rapid. The author's explanation of the favorable ac-

Lumbago: Enforce the diet the case needs anyhow, and regulate digestion; see if results do not vindicate this advice.

Lumbago: Many elderly cases are the direct result of laziness and inertia; stir them up to limbering exercises.

tion of thiosinamin is a very fanciful one. He thinks that thiosinamin improves the action of the heart. This gives the vessels of the scar tissue a better blood supply and the better blood supply softens the strictures. [While the resolving action of thiosinamin on scar tissue, when injected directly into the latter, is pretty generally accepted it is, in our opinion, decidedly far-fetched to assume that thiosinamin would have a beneficial effect on urethral strictures when injected into the muscles of the back. On the other hand, if the value of thiosinamin is merely that of a cardiac tonic, then why select such an uncertain and disagreeable remedy? Why not employ one of the well-known and established cardiac tonics; such as digitalis, strophanthus, strychnine, etc.?—W. J. R.]

MAMMARY SYPHILIS SIMULATING CANCER OF THE BREAST.

Dr. Edwin Beer (*Med. News*, Oct. 28, 1905.) attending surgeon of the Sydenham Hospital, New York, reports a case of mammary syphilis, with involvement of the axillary and supraclavicular glands, simulating cancer of the breast. There are less than fifty reported cases of syphilis of the breast, and but few of these simulated carcinoma with such an involvement as the one now reported. The patient, a married woman of thirty-five, was found with a non-tender mass measuring 2 by 3 inches in the upper half of her left breast, imbedded in the glandular tissue. It was freely movable on the deeper parts and not attached to the skin. The nipple was normal. In the region directly below the middle of

and in the left supraclavicular region there were similar masses, and a number of other enlarged glands in the axilla, as well as a number of enlarged lymph nodes.

The author discarded the first impression of cancer of the breast, the peculiarities of the case suggesting mammary syphilis. The patient's history confirmed his view. Her first husband had infected her with a venereal disease, for which she had been treated. A child had been born to her in the sixth month, and she had since been troubled with sore throat, pains in back, knees, and shins.

The patient was accordingly put on mercury hypodermically and iodides internally in increasingly large doses. In a month's time the breast was normal, the tumor in the upper half, and the large masses in the axilla and supraclavicular region were absolutely gone.

Other symptoms were much ameliorated, and she had gained in health. The same treatment was continued for another month, with still further improvement. The tumors had disappeared completely, as had all the posterior cervical glands.

ACUTE PROSTATITIS AND ITS TREATMENT.

Dr. H. M. Christian, professor of genitourinary diseases at the Medico-Chirurgical College of Philadelphia, is of the opinion that in most cases the clinical symptoms of acute prostatitis may be easily detected, but a rectal examination should be made in every case in which the posterior urethra is involved. By this means it may be determined whether

Lumbago: The sequence of too hard and long work—or of too little to keep the muscles from adhering to their sheaths.

Brown-Sequard found atropine and ergotin useful in locomotor ataxia; gives enough to affect the vascular tension.

there is any enlargement or marked tenderness of the prostate.

The patient should be ordered to bed at the onset of the disease, and the bowels opened every day by a saline laxative. Opium and belladonna suppositories should be placed in the rectum two or three times a day, salol and urotropin being administered by the mouth. Rectal irrigation with very hot water t. i. d., patient to retain as long as possible.

When the acute inflammatory symptoms have begun to subside, in the course of a week or ten days, and the prostate shows no tenderness on rectal palpation, massage of the gland with the index finger will be found effective but it must be done gently at first to guard against epididymitis. Before the massaging process, the anterior urethra is washed out with a solution of silver nitrate, 1 to 8000, and then the bladder is filled with the same solution which is to be retained until each lobe of the prostate has been lightly "stripped" about five times. By such treatment the posterior urethra is thoroughly irrigated; the distended follicles of the gland are emptied, and the contents washed out from the urethra along with the irrigating fluid. Treatment should be continued for a few weeks, or until complete resolution has taken place. This latter may be aided by inserting into the rectum at bedtime suppositories containing 10 minims of ichthyol.

In the acute parenchymatous type, the greatest relief will be obtained from the "prostatic cooler", an instrument furnished with an intake and outflow tube, and which, when inserted into the rectum against the prostate, allows a constant flow of cool water about the gland.

Silver oxide has cured some undoubted cases of locomotor ataxia; but there is danger of argyria when a dram has been taken.

This treatment can be pursued indefinitely.

When an abscess forms in the prostate gland, shown by such symptoms as repeated rigors, hectic fever, and fluctuation on palpation, surgical intervention is indicated. Spontaneous rupture of the abscess is the rule, the most frequent outlet being through the urethra. The subsequent treatment is then similar to that employed in the acute follicular variety—gentle prostatic massage and silver nitrate irrigations. When the abscess ruptures into the rectum, hot rectal enemas of normal saline solution are indicated twice daily.

SYPHILIS OF THE INTERNAL EAR.

Dr. W. C. Collins, *Brooklyn Med. Jour.*, November, states that syphilis of the internal ear is much more common than one would suppose and many of the deaf ears that we see are undoubtedly caused by the disease. It may be unilateral, but is usually bilateral. The symptoms are sudden and severe deafness, much more pronounced in one ear and gradually increasing in the other, more or less vertigo and violent tinnitus. Tuning-fork examination is of the greatest importance, bone conduction being diminished or entirely lost. For a positive diagnosis the stigmata of or history of syphilis are of course necessary. The treatment consists of general antisyphilitic remedies in conjunction with pilocarpine. In the Brooklyn Eye and Ear Hospital this alkaloid has been used for at least twelve years, and Bacon also regards pilocarpine as the most valuable drug in the treatment of internal ear

French surgeons considering all ataxias syphilitic, recommended mercury; give biiodide to the verge of toxic action for months.

syphilis (in addition to specific treatment).

TREATMENT OF LUPUS ERYTHEMATOSUS.

Prof. Thurston Gilman Lusk, of the Post-Graduate Medical School and Hospital, New York, discusses the practical treatment of the circumscribed form of lupus erythematosus. (*Post-Graduate*, Oct. 1905.) The parts affected are the face, ears, scalp, and sometimes the hands. It begins as small, red spots or patches, which spread into one or more large ones, and it is usually several months after the onset of the disease before this type is observed. After the disappearance of the older patches there is practically always atrophic scarring. The cause of the disease is still unsettled; the author inclines to the belief that it is primarily a vasomotor disturbance leading to an inflammation of the skin—not, however, of tuberculotoxic origin.

The treatment of the disease has been very discouraging. As for internal medication, Thompson's solution of phosphorus, freshly prepared and given in gradually-increasing doses, and iodoform pills of one or two grains given after meals, seem beneficial. The compound syrup of hypophosphites does much good in cases showing anemia, with feeble circulation.

The external treatment is more important. In the highly erythematous patches, soothing astringent lotions, such as: boric acid, 1-2 dram; calamine, 2 drams; zinc oxide, 2 drams; glycerin, 1 1-2 drams; camphor water, to make 3 ounces. Or zinc sulphate, 1 dram; potass.

sulphurata, 1 dram; rose-water, to make 4 ounces. Or plaster-mull of mercury; or non-flexible collodion, alone or with two to five per cent salicylic acid. Or friction with tincture of green soap. This type occasionally involutes spontaneously.

In the chronic type stronger remedies are indicated. The author has never seen a case improved by the x-rays, but has seen many made worse. The external treatment used by him, with almost invariable good results, is: (1) soft plaster-mull of mercury, preceded by friction with tincture of green soap, until all scales are removed; (2) the application twice daily of a 50 per cent solution of resorcin in alcohol until decided inflammation results; (3) the continuous application of Lassar's paste (consisting of 10 grains of salicylic acid, 2 drams each of starch and zinc oxide, and 4 drams of vaselin) until reaction subsides, when the 50 per cent solution of resorcin is resumed until marked irritation again ensues, when it is to be discontinued and the soothing paste again applied, etc., the process being repeated until a cure results.

In discussing the paper, Dr. Stern directed attention to the treatment by high-frequency sparks, used exclusively at the Mt. Sinai Hospital, and which he termed the most satisfactory method of treatment to-day. It is known as Strebel's method.

[In our observation the best results have been obtained by what is known as Hollander's method, which consists in the administration of large doses of quinine internally and the application of tincture of iodine externally.—W. J. R.]

Gold chloride has been found to retard the progress of ataxia; give to verge of salivation for many months.

If iodides check ataxia, give arsenic iodide, iodoform, mercury biniodide, and stilling, together, full doses for months.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

HYOSCYAMINE, STRYCHNINE AND CICUTINE.

CASE First. Epileptic Vertigo.—Marguerite P., age 12 years, lives on Boulevard Magenta, Paris. Her mother when fifteen years of age, suffered severely from vertigo for which she had consulted Charcot, who pronounced it to be "epileptic and of the ecstatic form." Her attacks were frequent, and occurred from insignificant causes. During the attacks she frequently fell down.

The child's grandfather was neuro-pathic. An aunt of hers was hysteric. Many of her older relatives are dead, some, it seems, from syphilis, others, it was diagnosed, from cerebral apoplexy. Her father had a retinitis some years ago which was treated with iodides and perfectly cured. Her mother, after her marriage, which took place when she was twenty, had four miscarriages, and one child died at three months of age. Marguerite is the last born child. The mother died a year ago of some ill-defined nervous disease.

Previous history.—The child's dentition was tardy—at a year and three months. She was never rachitic, but she had a scaly eruption during many years, and a consecutive, tenacious eczema of the head, which lasted until six months ago.

About a year since the character of the child became changed. She was before a gay, sensible and quiet child, so that parents gladly pointed her out to their children as a model. Since about a year she has become very timid. About every week, her father says, she becomes

for a few moments suddenly motionless, without assuming any special posture, while she was tranquil, or while she was speaking, or even in the midst of her play. She was put into a boarding school, and these phenomena, becoming frequent, they were attributed to the child's wilfulness, and she was blamed for them. These moments of mind-absence have become more frequent during the last few weeks and the child, complaining now of headache, accompanied with ringing in the ears, was removed from school and kept at home. In spite of all this the child is very intelligent and keeps herself well.

Present condition.—The child presents nothing abnormal; her constitution is good, apart from some little emaciation. She has not menstruated yet. The pupils are regular and sensitive and react both on touch and light. There are neither anesthetic nor hysterogenic zones. The organs, lungs, liver, stomach, and intestines, are all normal. There is, however, some anemia and a hematological examination shows a diminution of red globules and an appreciable augmentation of the white ones.

How are the attacks produced? The child loses consciousness all at once, the pupils contract slowly, the eye-balls turn upwards, the eyebrows contract slowly, accompanied by rapid clonic convulsions of the eyelids. The extremities show a passing shaking, and the face is pale. Anesthesia is complete and general.

The duration of the entire attack is

short, scarce two seconds, but it may repeat itself three or four times in the course of a few minutes. At the moment of attack the child is nearly unconscious. Lastly, it should be mentioned, that there is no feverishness to be noticed here.

A number of physicians were consulted on this case and their treatment can be summed up as follows: Keep the child in repose; no fatigue; no work, either physical or intellectual. Reassure the child about her condition; calm and encourage her. Alimentation as ordinary. Arsenic and bromides were prescribed in massive doses, and douches to the spine without any results.

We ordered dry frictions and a continuation of the douches along the spine, and prescribed an even teaspoonful of the seidlitz every morning to secure free alvine evacuations. Also a granule each of the following alkaloids eight times a day, very regularly every three hours: Hyoscyamine, arsenate of strychnine, cicutine hydrobromide.

This treatment was continued fully eight months, with occasional periods of two weeks during which we diminished the hyoscyamine and cicutine to one-half and even to one-quarter of the dose. About the end of May no amelioration occurred. After that, about the sixteenth week, all at once, there was an improvement, considerable and progressive. The child, which had spells every day, was free from them for three days, and after the last day the attacks diminished in frequency. From the sixth to the eighth month the child did admirably. The father was about sending the child to the country and wrote me at the time

that the child began to menstruate. The child continues to take the strychnine, and eight days every month the hyoscyamine and the cicutine are added to it. It may well be that the menstruation will be a happy derivative for the little patient.

Case Second. Nocturnal Incontinence of the Urine.—Lucie T., a girl eleven years old, came with her mother to consult us. The mother is in despair at seeing her child, during the last six months, wetting the bed during sleep. A pharmacist who had been consulted, advised to have the child sleep on a hard bed, to limit the quantity of drinks in the evening, to make her rise early to urinate, and to scold her when necessary. A physician who was consulted, ordered calming remedies, antipyrin, chloral, belladonna, and rhus aromatica. But all of these remedies, though recommended every day to patients of this kind, and reputed to cure radically this affection, had no effect upon this child and did not improve her condition.

The child is a blonde, pale, appears apathetic at first view. She has neither hereditary nor personal antecedents bearing on her case. At present the child has a strong inclination to urinate during the day, and passes an abundance of water. She has a feeling of weight and oppression at the level of stomach after taking a repast. An obstinate constipation, with passage of hard dry stools, necessitates the child's taking medicines frequently. Lastly, the mother says that during the last three or four years "the intestines came out from the anus."

These symptoms apart, the child is strong, solid, active and looks well.

Phosphorus checks ataxia? Try zinc phosphide to improve nutrition of nerve centers; gr. 1-6 four times a day for two weeks.

Hyoscyamine is said to relieve ataxia; give it to dry mouth, sustained for a week, and note the results.

When the mother is obliged to absent herself, sometimes, and leaves the child in the company of others, she weeps without any cause.

The child's father died from congestion of the lungs. Her mother shows no defects. Examining the child we found a slight prolapsus of the rectum, when she goes to stool, on account of her constipation. The abdomen is hard, tympanitic, ballooned by gas distension. There is no genitourinary malformation, and no sign of a syphilitic taint. She has not menstruated yet, and there are no premonitory signs of approaching menses.

In the condition of the nervous system we notice a decided exaggeration of the patellar reflexes and epileptoid trepidation on sudden flexion of the foot. There is nothing abnormal in the sensibilities.

Lastly, as to the urinary nocturnal incontinence, for which the patient was brought for advice, we instituted the following treatment: Forbid tea, coffee, and white wine, of which the child partook regularly. Take very little drink in the evening. Friction with a hair glove morning and evening. At nine or ten o'clock at evening, when digestion has pretty well terminated and just before going to bed, let the child take three granules, one each of hyoscyamine, strychnine arsenate, and cicutine hydrobromide. In the morning before breakfast a teaspoonful of saline laxative. If after three days there be no amelioration, then let the child take another evening dose an hour after the first. Come back after eight days.

At the end of that time the mother

brought the following record of observations: First night, one dose, incontinence; second night, one dose, incontinence; third night, one dose, incontinence; fourth night, two doses, child did not urinate; fifth night, two doses, child did not urinate; sixth night, one dose, incontinence; seventh night, one dose, child did not urinate; eighth night, one dose, incontinence.

As we know of no maximum dose in alkaloidotherapy we have therefore no fear of intoxication, and so we went on to give the doses *to effect*, continuing and maintaining the augmentation of one dose every evening. We ordered the child to take her supper early, between 6 and 7 p. m. and at 8:30 p. m. she was to take a dose of three alkalometric granules every hour till effect, as seen in the following record: The ninth night three doses, and no incontinence, the same doses and the same good result the tenth, the eleventh, the twelfth, and the thirteenth nights. The fourteenth night three doses, and this time incontinence; the same way the fifteenth night; the sixteenth night the child took four doses, and there was no incontinence. From that to the thirtieth night the child did not wet her bed; on the thirty-second night incontinence occurred for the last time. The child continued taking four doses for fifteen days, and after decreasing the dose on every subsequent week she took no more granules after that month, and there was no more incontinence. The rectal prolapsus disappeared and the constipation ameliorated.

Reflections.—These two cases we thought worthy to be reported because

Picrotoxin has been given with benefit for ataxia; before doubting, see what you know of this powerful remedy.

Potassium bichromate is a reported remedy for ataxia; we know too little of the action of many salts.

of the substantial action we have obtained here with a combination of the alkaloids, hyoscyamine, strychnine, and cicutine hydrobromide.

Strychnine, by its special action on the spinal marrow, by its exciting action on the muscular fibers, by its hyperesthetic action on the terminal nerve fibers in part, has in these cases stimulated the brain and so became a marvelous agent of what we may call *strictum*.

Hyoscyamine acted here on the nervous centers, calmed them, regulated their circulation, and diminished the muscular spasms, and so it acted as a marvelous agent, which we may call *laxum*, without however, suppressing contraction.

Lastly cicutine, moderating the hyperexcitability of the spinal marrow, it became valuable in our cases both by itself, and even more so in its combination with the hydrobromide antispasmodic and calming actions. In this combination cicutine is more tolerated than by itself alone, and can be given in larger doses, and helps to establish a greater stability. It first stimulates and then it calms the nervous system.

These three agents, in their association with each other, combined their vital and beneficent influences for the great good of our two little patients, and effected a cure which we would not dare to expect so promptly with official therapeutics. Let this stand to the glory of dosimetry.—*La Dosimetrie*, Aout, 1905.

—:o:—

These three valuable remedies deserve careful study. Cicutine, for in-

stance, is not used half as much as it deserves.—Ed.

DESTROYING THE BACTERIA IN THE CECUM.

Experiments show that the small intestine is found free from bacteria, which cannot be ascribed to the destructive action of the gastric juice. Neither can it be ascribed to the peristalsis, nor to the various secretions which enter into it. We must, therefore, ascribe this condition to a vital action of the mucosa of the small intestine, inimical to bacterial life, and Rolly of Leipzig thinks this to be confirmed by his experiments on animals. That peristalsis has a secondary effect in this regard is certain both from pathology and experiment on animals. Rolly thinks these conclusions to be applicable to the human body.

Schmidt of Vienna admits Rolly's contention that the mucosa of the small intestines has a destroying action on bacteria, but in case of inflammation they multiply abundantly.

DIGALEN.

Dr. Hochheim says in *Centralbl. f. innere Med.*, No. 22, 1905, that digalen (digitoxinum solubile, Coleta.) is given in solution hypodermically in one cubic centimeter doses, also per os and intravenously. Ten grams digalen (gr. 150) correspond to 0.003 (gr. 1-33 about) of digitoxinum solubile. Digalen is a good cardiotonic, increasing the blood pressure, regulative in arrhythmia, and acts diuretically also.

Pilocarpine causes improvement in the symptoms of some ataxics; try it in doses of gr. 1-6 at bedtime, by hypo.

Antipyrin relieves the pains of ataxia; also all other coal-tars; but galvanism acts more promptly as a rule.

MISCELLANEOUS ARTICLES

STILL "SOMETHING TO BE THANKFUL FOR".

WE opened the editorial department of the November CLINIC with a statement of some of the things we had to be thankful for, and in doing so (repeating for the benefit of new subscribers), we said:

Really, we don't know anybody who has a better right to celebrate Thanksgiving this year than we.

The ideas for which we have been fighting so long are surely winning their way. Intestinal antisepsis, after a quarter of a century's struggle, has become a part of the thought of the medical profession of today; every journal which we pick up contains evidences of this.

The leading men of the profession are becoming interested in the alkaloids and the methods which they alone make possible; and this for the first time in the history of medicine.

The pessimism and nihilism which have emasculated medical practice also begin to falter before the vigorous onslaughts of those who strongly and persistently demand that the doctor shall get up and hustle like the rest of humanity, at the present day.

It will not be long before we shall look upon the man who uses crude drugs with the kindly commiseration shown by the children of immigrants to their parents, when they say to us: "You mustn't expect to do much with them; they're old country people."

Thousands of new readers are constantly being added to the CLINIC lists; thousands of new inquirers are coming in to find for themselves what there is in active-principle therapeutics. Nothing touches us more than the testimony given by the older men who had given up the ancient therapeutics in despair but are finding new hope in the alkaloids.

So we say that to us, in the realization of our hopes, in the evidences of a win-

ning fight all along the line, there is reason, indeed, for Thanksgiving; and we trust that to every one of you, our valued brethren, the same feeling comes at this period—that each of you has found in your practice and in your homes reasons for celebrating a hearty, wholesome, Thanksgiving season.

The 9th of November came the great fire which destroyed our publishing plant! In spite of the great financial loss and the still greater loss in the accumulated results of many years of the hardest kind of work, we are just as thankful as ever—yes, more thankful, for our friends are rallying around us, instilling us with new hopes, greater enthusiasm and the determination to work harder and accomplish more than we have ever been able to do before. And we are going to do it, too!

From the many letters of sympathy and encouragement that have come to us from neighbors, business acquaintances, our helpers at home and in the field, and from our thousands of warm "doctor friends" all over the country, we can print but a few. Read these letters, and then wonder if you can, that we are just as thankful as ever.

The first is from Dr. Lewis, editor of the *International Journal of Surgery*:

NEW YORK, N. Y., Nov. 15, 1905.

DEAR DR. ABBOTT:

I have just learned of your serious misfortune and wish to express my most earnest regrets.

It seems too bad, but the calamity may not be as great as my informant believes.

I know of no greater test of a man's worth and backbone than to be "tried by fire."

But the work Dr. Abbott is doing, the

mission he is fulfilling, and the enthusiasm he is constantly imparting to others, can never be affected by the elements as long as his heart throbs, or his brain continues active.

No greater compliment can be paid to any man than for one to have unlimited



As We Were at Noon, Nov. 9.

confidence in his attitude in the face of misfortune.

This confidence, my dear Dr. Abbott, you have to the fullest extent. Not a single doubt exists anywhere as to what you will do, nor as to the way you will overcome this temporary affliction.

In the meantime, if I can serve you in any way, please command me.

With sincere regrets, I remain,

Very truly yours,

H. EDWIN LEWIS.

Isn't that enough to make a man proud—proud that good, straightforward men like Lewis will say nice things like that about him?

The next two letters are from Chicago men with whom we have had warm and confidential personal and business relations:

MY DEAR DR. ABBOTT:

I have noticed with inexpressible regret your great loss by fire, and I am sensible of what it comprehends and what it means to you. I sincerely hope that your losses were protected by insurance, as far as insurance can protect, but I well understand that whatever pro-

tection you might have in that line, your loss must yet be very great in the way of interruptions, etc.

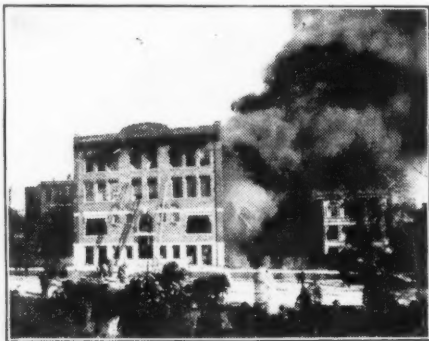
It is a streak of misfortune and ill luck which you do not deserve, and your energy and success in the building up of a large enterprise, which is in general and in detail of the last degree of utility to mankind, should entitle you to the sympathy of all good people everywhere, but I know the quality whereof you are made too well to presume for an instant that you have not already well advanced plans of continuing, probably on a larger scale than ever. I am, Doctor,

Very sincerely yours,

R. A. CHILDS.

DEAR DOCTOR ABBOTT:

Accept my sincere sympathy in what must have been a severe loss to you in the burning of your building and plant. Insurance can not make up for loss of business and general derangement from a fire catastrophe. I know "the doctor"



As We Were One Hour Later.

well enough, however, to see him roll up his sleeves and pitch in all the harder.

Sincerely yours,

FRED B. COZZENS.

The next is a sample letter from one of our workers in the field, one of those who are carrying "the gospel" of ex-

If lead water be applied to an ulcerated cornea the metal may settle there and cause a permanent opacity.—Brunton.

The dilation and contraction of the pupil may be explained by the theory that the fibers may contract in both directions.—Brunton.

act therapy right to the doctor. It is needless to say how much we appreciate the spirit that prompts letters like these, a spirit which permeates and enthuses the whole CLINIC force:

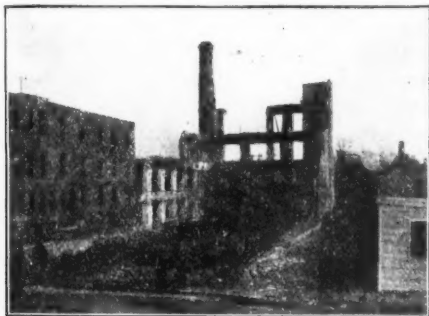
SIoux CITY, IA., Nov. 12, 1905.

DEAR DOCTOR ABBOTT:

It is impossible for me to tell you how sorry I am for your loss, which loss no one can appreciate so well as yourself. No one knows so well what it cost in time and labor to put that fine building into the shape you had it, as yourself, and to think only a few hours were necessary for the total destruction of the labor of years. There is much to be thankful for in the fact that the building to the north was saved. Sympathy for such a loss as yours is of little value, but an earnest effort on the part of all those interested in your success can do much to repair the damage done and make this as though it had never happened.

Speaking for myself, you will have my best endeavor in promoting the general interests for the good of present business and for the building of a permanent business for the future.

I meet many encouraging symptoms



122 Shovelers and Barrow Men and 22 Teams Cleaning up: Accomplished in One Week.

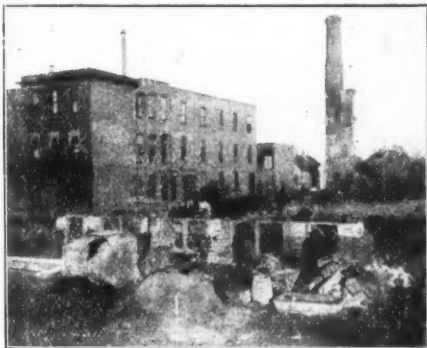
in my daily work, showing the general trend toward active principle therapy.

If there is any thing that I can do for you in the present emergency be-

sides keeping things humming in my present work, I am yours to command.

ELMER G. PAXTON.

From "The CLINIC Family" every mail brings expressions of sympathy and



Chimney Alone of the Old Building Standing. One Story for Two Weeks Our Stunt.

encouragement—many of them. To all of you Brethren, we give heartfelt thanks. We wish we had space for a word from every one. But the following must suffice:

AUGUSTA, GA., Dec. 1, 1905.

DEAR DOCTOR ABBOTT:

Your letter of late date, conveying sad intelligence of your loss at hand.

I am extremely gratified to see the manly spirit manifested by the poem on the reverse side of your letter—"Keep a Pullin'." I have been in the same fix though in a much less degree. Still it was my all that went up in smoke, and like you I drew consolation from the poets and with them sang:

"Let those who will repine at fate
And drop their heads in sorrow.
I'll laugh when cares upon me wait,
I know they'll leave tomorrow.

"My purse is light; but what of that?
My heart is light to match it;
And should I tear my only coat,
I'll laugh the while I patch it."

If the circulation suddenly fails during an-
palsying third nerve ends; cocaine dilates by
pill—a sign of great gravity.—Brunton.

Atropine dilates iris completely excised,
palsying third nerve ends; cocaine dilates by
stimulating sympathetic nerve.—Brunton.

So, go ahead, Doctor, "Sing and pull," and soon Phoenix-like, from the ashes will grow up a better, grander building than before and an extended business will flow in.

Wishing you all the good luck that your efforts, intelligence and industry merit, I am,

Fraternally yours,
D. G. HIMROD.

SOUTH SALEM, N. Y., Dec. 7, 1905.
DEAR DOCTOR ABBOTT:

I can truly say that I was shocked to hear of your great loss—I had almost written misfortune, but losses are not all misfortunes. You have the best left yet. You are at your strongest and best. Your courage is all there. No, I can't condole, although I am truly sorry for your loss. Had your health and grit left you then, indeed, the loss would have been irreparable—as it is I look to see a fairer building than the one burned, arise from the ruins of the old. In two—yes one year, who'll be able to say misfortune?

Long life to you confreres. May your shadow never grow less.

Yours sincerely,
J. H. CHURCHILL.

SAN FRANCISCO, Dec. 2, 1905.

DEAR DR. ABBOTT:

If you build again your home, we are willin'.
If the new is soon outgrown, we are willin'!
If from out the fire and smoke,
You can come with faith and hope,
And enlarge the CLINIC scope, we are willin'!

If you'll kindly take this check, we are willin'!
It may help repair the wreck, if you're willin'!
For it send the CLINIC on,
For another year to come,
And we'll read it in the home!

If you're willin'!
Sincerely yours,

R. L. RIGDON.

Things to be thankful for, Brothers?
There are oceans of them. Discouraged?
Not a bit of it! We have just gone in

training, every mother's son of us, for a longer pull and a stronger pull and a pull all together, and do you know that we are getting results already. Take the CLINIC, for instance. Within thirty days after the fire, which wiped out a December number just ready for the press, we built a new December CLINIC, right from the bottom up, and had it in the mails. Our helpers down to the smallest office boy are rolling up their sleeves and preparing to make things fairly hum. We have already commenced on our new building, which is to be bigger, better and more adequately adapted to the needs of our business, which is growing almost as fast as our ideas. And you can see for yourself, in THE AMERICAN JOURNAL OF CLINICAL MEDICINE, one of the ideas which has grown into concrete form since the fire.

Abbott "downed"? Not by a jug-full!

While we are doing much and planning much—more remains to be done. You can help us and we feel sure that you will. Take the new JOURNAL, for instance. You like it, don't you? Still we know it can be made better. It needs the liveliest kind of live matter for its reading pages. You can write it. It needs 50,000 new subscribers. If every reader would get the subscription of a brother practitioner, that problem would be solved. Will you do it?—ED.

"WHOLESALE POISONING"— WAHRER "TALKS BACK."

I see that Dr. R. G. Eccles was so kind as to notice my paper in the October CLINIC on "Wholesale Poisoning,"

Shock is the chief cause of death in anesthesia; when just going under or just coming out from it.—Brunton.

Give chloroform very cautiously, or overwhelmingly at once; but don't mix these two methods or danger results.—Brunton.

etc., and was good enough to introduce his criticism thereof by some laudable expressions, which must have been very satisfying to any one's vanity. Yet, after reading his most masterful defense, skilfully veiled and draped with the choicest selections of sophistry, one is forced to wonder at his motive in defending the class of manufacturers of which he is so valued a champion, especially when he is a doctor, and can have no personal interest in any of these sophisticable goods, nor the preservatives themselves.

Broadly viewing the learned doctor's article, he does not pay much, if any attention, to what I said about substitutes of one article for another, and inferior for a better, something entirely different for what is asked or paid for, the sale of certain goods that trade upon the reputation of another, the something else "just as good," the dishonesty in foods, drinks and drugs—but he disguises the real gist of the matter by simply questioning the effect upon the health. No one questions the fact that cottonseed oil is no less injurious than pure olive oil, chicory or other substitutes than coffee, other leaves for tea leaves, a mixture of cornstarch instead of egg custard, corn meal, bean meal and others for wheat flour, and thousands more, that might be and are substituted for the genuine, and so far as that goes may be harmless to the health; yet it seems to me he omits, most emphatically, a great moral point—that such things may be done without question. Now as to particulars.

First, I observe the doctor says he wishes to present the other side. I desire to say on this question there are

but two sides, the right and wrong. I have arrayed myself on the right side, a statement I submit to all my readers. If Dr. Eccles wishes to champion the wrong side he must have his reasons. He says the standard of purity of foods is arbitrarily fixed. By no means! Maple syrup means not one-eighth maple and seven-eighth glucose, nor any other artificial standard. It means just—as always—syrup made from the sap of the sugar maple tree. I might multiply but this is enough.

I see also that he defends goods to which false labels have been affixed, saying a change in size of label means nothing. Doesn't it? Doesn't it make a difference, as one firm does, to say in very fine print, "This product is equal to"—then in very large letters, "The Best and Purest Olive Oil on the Market?" This label was devised first to deceive the unwary buyer into paying the highest price for pure goods, and secondly to evade any penalty when under investigation. Again, many a label is entirely untrue to the contents of the container, and even though we admit the contents *may not be injurious* to the consumer, yet it is a fraud; do we understand Dr. Eccles to champion this simply because it is innocuous?

Further on the Doctor says: "When the chemists find forty out of fifty samples genuinely adulterated it is safe to assume that they were bought from dealers notorious for selling spurious goods." Just so, Doctor; glad you made the statement. You admit the goods can be found when looked for. That is just what I mean. I wasn't condemning pure goods. In similar manner when the police hunt for a criminal they don't ar-

Tr. cannabis in doses of m. 20 is a useful sedative; but in doses larger it is apt to cause delirium.—Brunton.

Mercifully, almost everyone passes out of this world in a state of anesthesia from carbonic acid.—Brunton.

rest all the honest and decent people, but go where criminals are likely to be found, among the saloons and dives.

Also, he says that the alkaloids in coffee, tea, the acid in vinegar, etc., are more poisonous than the salicylic acid, benzoic acid, etc., used in preservatives. Then again we find the same acids in our fruits, apples, peaches, lemons, cherries, etc. Well, what do we infer? Why, when you call for pure coffee or pure tea, the more chicory or roasted beans were sold you instead of pure coffee, the better off the consumer would be. Well, let the reader comment on this himself.

He says thirty grains of salicylic acid can be taken by a man without hurt and this is equal in preservative value to fifteen pounds of sugar and asks which is most injurious, to take thirty grains of salicylic acid with your meat as a preservative or fifteen pounds of sugar, all at one dose. Is this just pure sophistry or is it begging the question? About 1-50 grain of corrosive sublimate or 1-100 grain of arsenic is equal in preservative value to thirty grains salicylic acid—why not use these instead?

Then he goes off to the fruits of Utah, California, Nevada, Colorado, etc. Pray why not also to the other states and territories? Dr. Eccles' wanderings from the subject reminds one of the mother bird when she flutters and limps away from her little ones. He says Great Britain is paying us higher prices for our borated, salicylated and other embalmed goods than for salted goods. This statement must be received with a few grains of salt, even if the Doctor don't like salt. However, Germany, the most advanced government in the world, as to the regulation of food supplies to its peo-

ple as well as to the army and navy, pursues the opposite course to that maintained by the doctor.

To still further drag us from our subject he mentions the greater harm done by the infection of foods by typhoid fever germs, scarlet fever and other bacterial diseases and wants us to contemplate the greater evil, so we may forget the lesser (?) evils of food adulteration and poisoning by preservatives. He might have added: "Think on your mercies and you'll forget your afflictions, and thank God they are no worse." He speaks about the germ infection of milk, ice cream, etc. Well, I believe that was known quite a while ago. And then he calls up the shade of Rachel weeping for her children and wrings his hands in woe over the continuous death dirge of germs in books, furniture, water, air and everything and closes with the wail, "Can nothing be done?"

Yes, Brother, we have tried to make a beginning by calling for pure foods, pure drinks and pure drugs. I challenge Doctor Eccles' statement when he says, "No living soul can point to a single individual ever proven injured by poisoned food." Numerous instances can be furnished. What would Dr. Eccles have us do? Revoke all laws? Let the unscrupulous manufacturer have unlimited license to offer anything and everything in the shape of food, unrestricted as to kind and quantity of preservatives used? Let them give a stone for bread? Aye, a stone is not poisonous but that was not asked for, neither does it satisfy a starving stomach.

It is useless to lengthen out the discussion any further. I trust all who read my article, will also have the privilege

The condition of the skin may keep people awake, even although there is no pain and no itching.—Brunton.

Insomnia from skin irritation may be relieved by warm baths, especially with children whose skins are delicate.—Brunton.

of reading Dr. Eccles' reply. As neither of us has revealed his motives for writing, it might be a curious speculation as to what our readers may think.

C. F. WAHRER.

Ft. Madison, Ia.

**WHEN SMITH HAD HIS
STOMACH SHRUNK.**

"You say I'm better, Doctor? But I have to lay—lie—which should it be?—here for some time longer and have my stomach shrunk? Shrunk, you say? Are you going to wash it (I've heard of that), starch, iron and flute it? How much longer did you say? Can't tell? Must starve me in order to shrink it? Haven't I been starving the past week? Seems so to me. I'm sure it's shrunken to the size of a pea now. Still there seems to be an awful big space that needs filling.

"And I can't have anything but that liquid baby stuff to eat for some time? Well, I only wish you had the hundreds of rats knawing your inwards like I have. You wouldn't sit there and grin like a chessy cat. If you had to take stuff that nearly burned you to death you wouldn't like it.

"You say I overworked and it affected my stomach and stretched it. Didn't know it could be stretched before.

"Great Scott! Wish I didn't have any stomach. Don't talk childish you say? That's just it. It's not *your* stomach, so you don't care. Nobody cares whether I live or die. You say I won't die? Well, I wish I would. That's just it, as long as a fellow is not in danger of dying you doctors don't care how he suffers.

"Nurse, can't you fix that curtain so the light won't shine in? Seems to me anybody could see that sun's shining right in my eyes.

"By Gee! There go those rats again, eating me up inside. No, I believe it's a snake this time.

"I suppose Julia and the baby will be in to see me? Do you mean to say I can't see my own wife and baby in my own house? It's worse than a regular tough hold-up. Can't see Julia? Not even for five minutes? And the boy? I'm taking the rest cure, too? Oh, am I? Funny kind of rest cure. Well, I know it would rest me to play with my boy awhile. Why, the mere sight of his face would mean a great deal to me. Do me lots more good than that stuff I have to take.

"Oh, Jiminy! Those rats again. Not even let a fellow have a pencil and paper to figure out that new scheme. Well, I'll be satisfied with a smoke instead. Can't smoke? You don't really mean it? Why, I've smoked every since I was ten years old. Got licked for it, too. Is there anything on earth I can do? Just lie quiet? I suppose you want me to fold my hands and lie as still as my grandmother would.

"Can't you people step more lightly and stop bumping the bed? There are two virtues I intend to cultivate just as soon as I get up. I'll never walk heavy again nor slam a door.

"If I don't keep quiet you'll both go off? Well, go then. If you don't think enough of me to stand by me when I'm down, just go. *No! NO!* Please don't go. I beg your pardon for my rudeness. But I believe you people are keeping me here just to be smart. You don't know

Too little cover prevents sleep by keeping the skin too cool; too much cover does so by keeping it too warm.—Brunton.

Atheroma with high tension prevents sleep; massage with iodides relax, when bromides will quiet the brain cells.—Brunton.

any more about rest cure than I do. Just rob a fellow, that's what you do. All you care for's the money. What earthly reason is there for people to rush around in a sick room. This isn't Wall Street. Oh, hurry, hurry, with that stuff if I have to take it.

"Must be most time for some of that baby food. Thought I hated it? Well, I do, but when you're starving to death, it's better than nothing. I suppose next thing you'll be ordering me to eat chips from the wood pile with water poured over them. Won't be time to take it for half an hour? Thought I took it every two hours? Only been one and a half hours since I did take it? Are you sure that clock's right? Where's my watch? Here I lie helpless. Can't get up to help myself, and won't even let me have my watch.

"If they don't stop slamming that door I'll—I'll either shoot them or—have it taken off the hinges. There's no sense in slamming a door every time you go in or out. I know I never do. Doctor, can't you see that that fellow across the street stops tooting that horn all night. He ought to know I'm sick and can't sleep.

"By Gee! There go those rats again. I want to swear. I tell you *I want to swear!* I can't stand this pressure much longer. What did you say, Doctor? Swear, if I want to? No, I never swear before ladies.

"But, nurse, please bring me a drink. Can't have a drink? Just think of throwing a big healthy fellow like me down in bed, and starving him to death and won't even give him a drop of water.

"Dogone it, I wonder why it is whenever I get sick, the girl on the corner

begins to practise (I always liked that girl, too). The parrot across the way shrieks by the hour (it never will say a word any other time when we want it to), and all the children, every one, that pass either skip, hop and jump, or scrape their feet. And every boy that goes by must scrape the pickets and it'll have to have a new coat of paint put on, besides the annoyance of it, when my head aches so, too.

"You say you're going, Doctor? Oh, don't go and leave me to die alone. Won't die? How do you know? Don't. *Don't* leave me. Nurse, get out quick. I'm going to swear. Can't stand it another minute.

"I think it's real mean of that doctor and the nurse—to leave me all alone—when I've been so patient, too. I think it's just as mean a thing as could be done. I know I never did such a scurvy trick."

NANCY H. BUSKETT.

Joplin, Mo.

IS THE FECES A TRUE SECRETION OF THE BLOOD?

I was certainly surprised when I read the first leading article in the October number of your most valuable CLINIC.

To begin with, "The feces a true secretion of the blood." Now a true secretion is a substance which after being discharged into the system "will serve some ulterior purpose in the economy" (Kirke's Handbook of Physiology), Dr. Candler surely does not mean to imply this. Even if Dr. Candler's claim that the feces is elaborated and discharged from the blood be true it still has but one purpose; to be voided out of the

Anemics may be drowsy while up, but on lying down the atony allows too much blood in brain to permit sleep.—Brunton.

In anemic insomnia digitalis braces atonic vessels and prevents drowsiness by day, insuring sleep at night.—Brunton.

system as soon as possible. But we shall not stop on mere definitions. Dr. Candler in promulgating his new theory apparently does not deem definitions of sufficient importance.

We shall now proceed to examine the premises upon which Dr. Candler bases his new theory.

1. "A cow, a sheep, a horse and a goose feeding exactly alike, will avoid entirely different excreta." In order to base any theory on this fact it would be necessary to analyse these different excreta and see wherein they differ. This Dr. Candler does not do. That they differ in color, shape or consistency is not enough. We all know that the intestinal mucosa secretes fluid, part of which serves to lubricate the membrane and part to be incorporated with the feces rendering it soft, pliable and easy of expulsion. The bile too forms part of the feces. The difference in color and proportion of these substances will account for the difference in the color of the feces. While I am not sufficiently posted on comparative anatomy to offer a detailed account, I am satisfied that the difference in structure of intestines accounts for the shape of the feces.

2. "Where does it all come from?" I have had no chance to compare the amount of feces in the cadaver with the amount generally voided at one defecation but I know that the intestines of a chicken contain fully ten times as much as it generally voids at one time. Assuming this to be true of the human animal and adding thereto the liquid poured from the intestine as a result of the brisk purgative and the question is easily answered without any new theory. Furthermore, should we keep on feeding

that patient on "beef tea and slops", there will come a time when a purgative will bring no more fecal matter; only liquid poured out as a result of irritation of the intestinal mucosa. But the process of katabolism will still go on and the "worn out particles and effete portions of the organism" will be thrown off the system the same as ever, through the skin, kidneys, lungs, and also through the intestines, for no one denies that there is some excrementitious matter discharged with the feces, such as excretin, stercorin, some constituents and derivatives of bile, etc., but that does not make the feces a true secretion of the blood.

3. Dr. Candler wants to know what becomes of the feces in those cadaverous, anemic, flat-bellied people that are possessed of an appetite to make boarding house keepers pale and have a stool once in two weeks only." These people according to the old theory, Dr. Candler contends, would in a year carry over a hundred pounds of fecal matter about with them.

Well, not necessarily so. About seventy-five per cent of the feces is water. This holding the soluble solids in solution is absorbed from the intestinal mucous membrane and passed out through other channels; through the kidneys, rendering the urine of a higher specific gravity, and through the skin, often setting up some eruption through irritation of the skin glands. Another part is gaseous and passes through the ordinary channel as is commonly observed. All that is left in the intestines is the insoluble solid portion of the feces, which accounts for the hard scybalous matter generally passed by those individuals and

Insomnia from mental fatigue was relieved by *nux vomica*, giving just enough to restore the tone to normal.—Brunton.

Burgundy wine increases dreaming; sometimes bromides lessen uncomfortable dreams and quiet cerebral hemispheres.—Brunton.

this is hardly twenty-five per cent of the fecal matter.

And dwelling again upon the question, "Where does it come from," Dr. Candler proceeds: "A man feels indisposed and he starves himself. After passing two or more copious stools, the doctor then comes and gives a good dose of podophyllin and follows this perhaps with sulphate of magnesia. There has been no ingestion of food whatever but there will be a large stool, perhaps more than one. Let him eat two or four ounces of food only in the next twenty-four hours, yet another dose of medicine will bring away three times that amount of fecal matter. Quite evident isn't it [Is it?] that fecal matter is not merely 'food dross'. It must be remembered also that there has been the ordinary amount of urine passed, perhaps under medication more than ordinary. The man hasn't lost any weight particularly either."

What? Does Dr. Candler mean to imply that after all this the man does not lose weight at least equivalent to the quantity of feces passed? What about the law of indestructibility of matter? I understand radium seems to be an exception to this law but that the animal world should refuse to abide by it is certainly something new.

L. I. BOGEN.

Lincoln, Neb.

—:o:—

Your criticism upon my article "The Feces: A True Secretion of the Blood" is before me and I welcome it. Nothing new ever was accepted without just such protest and surely we never should get at hidden truths were there not difference of opinion. But, Doctor, won't you please divest yourself of the idea

that because someone has said something and others have repeated it it must be true? At least let us be ready to investigate.

Now as to your definition of the word "secretion," I think Gould's covers the ground fairly: "The natural function of certain organs of the body—mainly the glands and follicles. It consists in the separation and elaboration of fluid or semi-fluid substances differing according to the organs in which they are secreted." Also the "substance secreted. Secretions internal." "The secretion of an organ *which is not excreted* or discharged." Your definition is too limited.

Now, if we grant that the food we eat (*or any portion of it*) is assimilated by the absorbent portion of the digestive tract we *must* allow that it is taken up and carried through the system by the blood and lymph streams. Otherwise there could be no reparative processes. That the blood also carries away used up particles and useless compounds (many of them the result of oxygenation) must also be allowed. That is to say the blood stream takes from the digestive tract, etc., all the nutritious matter (i. e., soluble assimilable matter) and carries it—subject *en route* to various "processings" such as oxygenation, etc.—to every portion of the system. At the same time effete matter, useless compounds and non-acceptable material is conveyed by the blood stream to the various secreting and excreting organs, there to be changed in form and voided. If *any* part of the ingested matter is so treated, then, under normal conditions, every atom suitable must be. That we find cherry-stones, coins, husks, etc., in the feces does not affect the argument.

Menorrhagia: Active hemorrhages require vascular sedatives while passive forms call for astringents; don't mix 'em.

Menorrhagia: In threatened abortion morphine reduces the hyperemia, if given in full dose; a grain is safer than less.

These are not digestible but foreign bodies.

The saliva is a secretion of the salivary glands; it is derived from the blood, isn't it? The bile is a secretion of the liver; it is derived from the blood, isn't it? The urine is a secretion of the kidneys; derived from the blood, isn't it? So the feces is (in great part) a true secretion of the blood, excreted by the bowel. There *are* secretions which are reabsorbed or utilized in the processes of metabolism; there are others which are excreted (or should be); among these the chief are the urine and feces. Unfortunately we do not thoroughly understand metabolism. Perhaps the following will be as close to the truth as anything, though the subject of nutrition is exhaustless. The body must be supplied with food or life ends. It is equally essential that certain conditions must exist if normal nutrition is to follow. The blood must be normal in composition and amount and circulate with rapidity. There must exist a definite nervous stimulation and control and the cells must be able to appropriate the materials they need from the blood. The ultimate appropriation of food (subjected to many changes) takes place in the cell which possesses not alone the ability to extract material from the blood but also to shape such matter to its own structure and cause it to participate in its properties. A necessary complement to the process of nutrition is *excretion*, which here consists in the discarding of effete matter (the products of its own normal activity) *by the cell*. The blood is the medium through which nutritive material is brought to the cell and excreted matters are car-

ried off. (Consider this point carefully, please).

Now, the *old idea* was this: Food is taken in by the mouth, passed to the stomach and by the action of the gastric juices reduced to a pultaceous mass; then it goes forward to the duodenum and, meeting there bile and pancreatic juice, it becomes separated into two parts; one, the nutritious portion, is taken up by the lacteals and poured into the blood to support the body, the other, *the unburned food or ashes*, becomes excrementitious and passes along through the intestines to be expelled as feces;

Now it is far easier to follow the lead of others than it is to think for one's self. A thinking world may accept an error as easily as a thinking unit, hence this theory has been perpetuated. What I urge is that the feces are *not* merely the innutritious dregs of ingested matter—the ashes of food—but partly insoluble (therefore indigestible) matter, and the rest true *waste from the system secreted from the blood and excreted by the bowels*.

That all the systemic waste is to be found in the feces I did not claim. That would be absurd. The urine contains much of it and the skin disposes of some, but as from the digestive tract the blood is supplied with nutritive matter, so back to the intestine the blood brings a large proportion of the effete matter from each and every cell of the body! Analysis of the feces shows that water is present (but not the water we *drink*, Doctor); this must be produced somewhere, and is it not from the blood, with the chemical elements, hydrogen, etc., and the sulphur, chlorine, potassium, etc., which are found. There remains a portion which

Menorrhagia: The use of morphine as a habit causes amenorrhea and sterility, but small single doses increase bleeding.

Menorrhagia: A grain of emetine reduces hyperemia, and stops acute hemorrhage with tenesmus admirably.

cannot exactly be described. Now apart from the unabsorbable refuse which *must* escape digestion (and of a necessity the *quantity* of this must depend upon the state of digestion, the amount and quality of food ingested, etc.) where did this the water, the carbon, nitrogen, sulphur, chlorine, potassium, etc., come from? Are we to assume that the chemical changes necessary to make food fit for the cell take place in the stomach and duodenum and that all these rejected unassimilated elements and salts are passed along as such? Haven't we found out that *nutrition takes place in the cell and that excretion of waste (from the cell) is a necessary feature of repair?*

Does not the blood carry the nutritive material to the cell and does it not bring back the effete and useless matter? Is this not finally secreted in various compounds of the above elements and substances by the blood and become part of the excreta—or fecal matter? Think it over!

Now it would be a waste of time for me to follow the food from its ingestion to the rectum. You know that fluids swallowed are absorbed chiefly from the stomach; sugars also are absorbed rapidly. Therefore, in the small intestine (early), we have fatty and albuminous matter chiefly. *Bile* (some three to five pounds), *pancreatic juice* (ten ounces), *intestinal juice* (ten ounces), will each day meet the food here. These are all secretions. As bile, etc., they are not absorbed, but they do exert a chemical action and cause such ingested matter as has not already been absorbed, to be taken up by the lacteals, whence in due time it proceeds to the

receptaculum chyli. Finally this incipient blood is discharged into the subclavian vein; later it passes through the lungs with the venous blood and becomes converted into arterial blood fit for the highest processes of organization.

What about the mass that enters the large intestine? How much of the *food* is there and how much of it is already *secretion*? A good deal of the latter. And we have yet four feet of large bowel to deal with! That absorption of the fluid parts of the fecal mass takes place here we know, but has it ever struck you that the fecal matter which enters the cecum and that found in the rectum is of an entirely different nature? What, in your opinion, is the object of the ascending, transverse and descending colon and, do you, for a moment believe that the body yields nothing to the feces in this whole stretch? *I don't.*

In the large bowel we have a little understood field. That absorption takes place there *we know*; that cell waste is secreted by it and becomes part of the fecal mass, *I believe!* At all events Brunner's glands and Peyer's glands prior to the passage of the ingested food into the cecum—certainly secrete matter which is not known to serve any useful purpose. It is supposed that the odor of the feces is due to their secretions.

The whole process of digestion as understood does not for an instant interfere with the theory that I advance. The fact that the fecal mass consists, to a great extent, of once assimilated, used and *rejected matter*—carried from each cell by the blood stream to the intestine, secreted there and excreted later—alone remains to be proved. That an abnormal intestine may refuse to do its nor-

Menorrhagia: Acute, with expulsive pains, give nickel bromide, gr. 1-6, and a granule of cannabin every ten minutes.

Menorrhagia: Active plethoric cases, pulse hard or strong, aconitine gr. 1-1.34 every fifteen minutes till effect.

mal work and throw more upon the skin and kidneys does not disprove my argument. *But that systemic waste is gotten rid of when skin is inactive and renal action almost nil* is proof that I am right.

As to the ejecta of different animals. I am aware that the intestinal arrangement varies. But I said that "*if the feces were the unused portion of food ingested alone, then a goose, a horse, a sheep and a cow feeding alike would (or should) void similar fecal matter.*" I did not go into analyses, but I am familiar with that end of the subject and the difference is most striking. The systemic waste is in each animal carried off to a greater or less extent by the feces. You are familiar, of course, with the fact that there is no distinct urinary waste in the goose? In the cow and horse it is copious. In the sheep not so great. As nutritious matter—as a whole—is in the system resolved into the elements (or salts) we find systemic waste to consist largely of these substances with insoluble matter and water. Analyze urine—and feces—and you will find this waste *there*.

Finally—if the waste of the cell is given off into the blood stream, where is that waste deposited, how voided from the body, if not with the feces? Admitting, of course, that a portion is excreted *via* the skin and kidneys.

No one has ever claimed that the feces are secreted as such by the blood but that fecal matter (minus adventitious substances) consists very largely of waste material separated first from the cell and later from the blood stream in the form of intestinal secretion is almost certain.

Now as to retained feces. The argument applies to *solid* fecal matter. If the average man takes thirty ounces of assimilable matter daily, it is calculated that the weight of the solid feces will be five ounces per diem. Now, if this man has in seven days but one stool (of five ounces) there will be thirty ounces left; at the end of the year, under similar circumstances, no less than 97½ pounds. Where does all this "food dross" go? Do we see people carrying round such awful burdens? No! In these cases there is non-equilibrium of functional activity and the whole system is full of effete matter owing to non-secretion. The average amount of fecal matter is not produced. Take the matter this way and there is no longer a query mark left. The normal man eats a normal meal; with the exception of the insoluble part thereof the whole of that meal is taken up and supplies new and useful matter for the tissues, while the oxygen uniting with worn-out particles and useless debris of the system forms amorphous, lifeless compounds which are finally ejected *via* the blood into the intestine, becoming part of the feces. This fecal matter then is not mere food dross, but the bona fide waste from the tissues, the refuse from the body laboratory, the "lees of the life current." The more rapidly the lacteals pour chyle into the blood and the more rapidly the oxygen inspired can pull the body to pieces by uniting with the used-up, half-living and half-dead particles, the more perfect the health, the stronger the individual. Life is, after all, a process of "tear down and build up," and, if the two forces are evenly balanced, disease cannot well exist.

Given the proper physical conditions

Menorrhagia: Aletrin has been advised for atonic bleeding; gr. 1-6 every ten minutes till effect is about right.

Menorrhagia: Ergotin contracts a subinvolted uterus and closes bleeding vessels; gr. 1-6 every half-hour.

we shall find the well fed, active man voiding a large quantity of fecal matter even though he eat comparatively digestible matter. The metabolic processes are in full swing and every cell is actively engaged in reconstruction. Nerve force or circulation fail or something "goes wrong" and we have a gloomy, pasty-skinned, constipated individual who sees the dark side of things only. He still eats, but his stools are few and far between and are abnormal in composition. Food stuff is there setting up fermentation, breeding bacteria, and perhaps producing conditions which cause irritation of the intestinal mucosa with a consequent outpouring of serum; then we have the familiar "alternating diarrhea and constipation." But the blood is no longer bearing nutritive matter to the cells and carrying away debris, in normal proportions; the system is *clogged* and toxic material is circulated again and again.

Who can tell what compounds are produced in the body laboratory when disorder reigns? When we know that—when we can tell why food which would be nutritious under normal circumstances becomes almost poisonous when given in certain diseases we shall have advanced a long way further on the road to positive medication. At present we are aware—at least a few of us are—that to give purgatives when there is nothing to carry off is folly, that evacuation of feculent matter cannot be secured when the nervous and circulatory systems are at fault and refuse to manufacture any. When there is a collection of matter it is well to carry it off so that absorption may be stopped and further poisoning of the system pre-

vented. This done we must infuse a greater intensity of nerve force through the ganglia, remedy the debilitated condition of the brain, cord, nerves, and stimulate the circulation. The bowels will soon resume their function and daily motions will become the rule.

Purgatives do not and cannot produce feces; if given in mild forms they will carry off feces already secreted, thus preventing the return into the system of its own detritus. If drastic they will remove just what is in the bowel—no more and no less—and at the same time will deprive the blood circulating in the *primæ viæ* of so much of its watery content that the patient will be as debilitated as though he had been bled. This serum loaded with intestinal gases may be mistaken for fecal matter—which it is not. It is an abnormal and artificial discharge.

An interesting "accepted" table from an established text-book gives the daily waste of a man as follows:

From the intestine, oz. 5 of excrement.

From the skin, oz. 25 of perspiration.

From the kidneys, oz. 50 of urine.

From the lungs, oz. 35 carbon dioxide and water.

The fallacy of this is readily proved. The loss of perspiration is in many people practically nil—especially in those who lead sedentary lives. On the other hand the intestine excretes several times five ounces—if fairly normal conditions of circulation, etc., exist. The urine varies so markedly in its composition that it is hard to strike any average even in one individual. Many healthy people who have "dry skins" and pass less urine than above (with low proportion of solids) have one full or two lighter stools

Menorrhagia: Of the digitalis glucosides digitoxin is the most decided as a closer of vessels—slow.

Menorrhagia: Venous oozing may be controlled by hamamelin, gr. 1 every half-hour; on trial but worth trying.

per diem and maintain metabolic equilibrium.

The total loss per diem according to this table is eight pounds, nearly six pounds of which is water. But as this "water" does not pass off via skin and kidneys and as in these people the stools greatly exceed five ounces, may we not conclude with reason that the waste material which results from the breaking down of the active, living protoplasm into simple chemical substances through the process of oxidation is voided as feces? If not, why not?

Now, Doctor, I have allowed my answer to your letter to take the form of an article which will follow the one you criticise—with your communication as a provocation. I stated in my first article that the subject is a vast one and can only be properly handled in a series of articles or even a book. Nevertheless the moment we grasp the fundamental idea we shall have a keener appreciation of disease and its causes and shall be able to direct our efforts to better effect. I trust that you will not hesitate to come again.

GEO. H. CANDLER.

Chicago, Ill.

SEVERE AUTOTOXEMIA; LIFE SAVED WITH GLONIN.

On page 1036 of the October CLINIC you have recorded a request for "The Doctor's Best Case in Practice." In reply to this I will say, that to differentiate between my best and other cases I find to be quite a difficult task. And further, when I assume the task of writing for the instruction of those of the CLINIC family who are so much abler in medi-

cal lore than the writer, I experience some diffidence.

But to the subject: Whether it be my best case in practice or not; or whether or not I was in every particular equal to the task in the examination and exact diagnosis, I have a case in mind which occurred some little time since, in the treatment of which, as to good results I disappointed myself and surprised others. It was on October 20, 1903. At about 7 p. m. I was hastily summoned to the residence of Mr. B. who lived about three miles distant. As I had been informed by the young man sent for me, that the parents of the patient thought their little two-year-old boy was dying when he started for me, I made as great speed to the residence as was safe for team and vehicle.

On my arrival I at once realized the gravity of the situation. I did not have time to go through with a long, tedious and pompous examination to "make believe" that I possessed a great and extraordinary amount of medical knowledge, as is too much practised these times. But I saw at a glance that that case was a grave one and that something must be done and that right quick. To this opinion, the mother added no small amount when she exclaimed, "You are too late, Doctor, my boy is dead." And, judging from the appearance of the patient the opinion of the mother seemed to be correct. With a cadaverous look of the face, a pulseless wrist, and no perceptible respiration, I believed the resuscitation of the patient to be impossible.

Yet, as the doctor is always expected to do something, though many times without hope, as on other and similar occasions I began what I considered an

Menorrhagia: Hydrastine—better hydrastine — is powerfully astringent to the uterine vessels especially—give enough.

Menorrhagia: Strychnine for passive atonic bleeding will often close up the vessels and arouse vital reaction.

heroic treatment for so young a patient as he. With an alkaloidal granule of glonoin I loaded my hypodermic syringe and at once injected the contents into the arm. Then I called for one quart of hot water and dissolved in it one dram of sodium chloride; this, as hot as could be borne, I injected into the rectum of patient, as high up as possible, all the bowels and rectum would retain. Then hypodermic injections and enemas were repeated alternately every fifteen to twenty minutes for about one hour, then at longer intervals.

The injection with glonoin was reinforced occasionally by the injection of a very small part of a strychnine granule. I should have used in place of the latter, brucine, had it been in my case. In about one and one-half hours from the beginning of treatment, respiration, a glow on the cheeks and pulse at the wrist, were perceptible. Yet it was not until the end of two hours that the patient opened his eyes and faintly cried. At the expiration of three hours of the treatment the patient had a normal pulse and temperature, cried lustily and had a copious discharge from the bowels.

The last symptom indicated to my mind the whole trouble—over-ingestion of food, too strong for a child's stomach, deficient elimination and perhaps some ptomaine poisoning. I then put the patient on calomel, one dose every one-half hour of two gr. 1-10 granules. This I continued until six doses were taken, instructing the mother to follow the last dose, after an interval of one hour, with two-dram doses of castor and olive oils, mixed half and half. Of this she was to give three doses, two hours apart.

I then left for home, returning late in the afternoon of the second day, when I learned that the patient's bowels were well cleaned out and the child nearly well. To finish the work I put the little one on intestinal antiseptics in solution, alternating this every three hours with a weak tonic solution made of quassin and 1-134-grain granules of strychnine (brucine not being at hand). This treatment was to be continued until my return the next day.

I found the temperature, respiration and pulse normal and the bowels in excellent condition. Stopping the tonic solution, I left the patient an occasional dose of quassin and the sulphocarbolates, and when preparing to leave for home these encouraging words from the mother greeted my ears. "Many thanks to you. Doctor, you have saved the life of my boy."

Without a second thought, what followed with this same boy in nearly three months might seem singular and strange. The same trouble, the treatment by the same doctor and the same results were repeated on the thirteenth, fourteenth and fifteenth of January, 1904. Not singular either when we consider that some parents allow their young children to eat and drink anything eatable and drinkable without restraint.

Any suggestions from the CLINIC family which may add to a better treatment of these cases, will be gratefully received by the writer.

G. W. CANNON.

Portis, Kans.

—:o:—

While we know it is often difficult for a doctor to determine, at least off-hand, just what case among the many which

Menorrhagia: Passive atonic forms with constipation may be relieved by berberine toning the bowels—not hemostatic.

Menorrhagia: Macrotin for headache, flow of dark, coagulated blood; gr. 1-6 to 1-2 every hour till relieved; open bowels.

he has had is most interesting and teaches the most, nevertheless we agree with you that this was certainly a very remarkable one. That you were able to save this child's life after it was apparently dead, and had the "sand" to fight for it for two hours with final success shows that you are one of the elect. No man could do better. The treatment certainly leaves very little to be desired. The thing to do was to use glonoin, "the life-saver," just as you did—and strychnine of course. If there was anything in the stomach it should have been emptied; apomorphine might have proved serviceable. What say the "family?"—Ed.

MORE SKIN DISEASES.

Seborrhea or Dandruff.—In this malady the sebaceous glands secrete a large quantity of unhealthy consistence. This dries and forms a mass of thin scales or plates. To soften and remove the secretion, rub in olive oil or glycerin at night, and then wash this off in the morning with warm water and dry with a towel. Now rub in thoroughly red oxide of mercury or oil of cade ointment. This should be followed daily, and the treatment persisted in for an indefinite period until some improvement takes place. As soon as the skin is clear, to prevent the recurrence of seborrhea, apply the following night and morning: Tannoform, dr. 3; resorcin, dr. 3; alcohol, dr. 4; water, dr. 4; oil lavender, dr. 1. Mix. Use as above directed.

Scabies or Itch.—This is a contagious skin disease, caused by the sarcoptes scabiei, or human itch mite. First, wash the whole body with green soap, then take a rock salt bath, then apply naphthol oint-

ment, or the following, three times a day, which is my favorite prescription: Sodii borat, sodii bicarb, of each, dr. 2; chloral hydrate, dr. 2; listerine, oz. 3; water, oz. 4. Mix. Apply frequently.

Psoriasis.—This is a very common chronic skin disease, characterized by dry, inflammatory, and more or less thickened patches of varying size. It generally appears first on the extensor surfaces of the elbow and knee joints, then on the body and face. It is not contagious, but transmissible. A daily bath with unctions of zinc ointment until acute symptoms subside. Then apply salicylic acid ointment freely to soften and remove scaly formations. When it has passed into the chronic stage, oil of cade ointment is best. Sulphur ointment may also be used, and for the itching, carbolic ointment is best. But the all around best treatment for chronic cases is as follows: Ungt. chrysarobin, ungt. acid salicylic, of each one ounce. Mix, and apply three times a day. This ointment is sometimes very irritating, and if so, the ointment of pyrogallic acid may be used; although it is slower in action than the above, it will answer just as well. If the scalp is affected equal parts of ungt. hydrarg, nitratis and salicylic ointment is good treatment. Internally thirty grains of potassium acet. in a glass of water, before meals, with from three to six granules of arsenous acid, gr. 1-67 after meals, will be all that can be desired in its treatment. At best it is a stubborn and hard affection to cure to stay cured.

Pruritus.—A chronic disease characterized by the formation of pale red, very itchy papules of the size of a pin head or larger. Applications of cold water will generally take down the swelling and itching. Salt may be added with benefit.

Menorrhagia: For the anemia in intervals, habitual bleeding, iron arsenate, but never while flow is present.

Menorrhagia: For habitual bleeders seek to restore tone of weak vessel wall cells by calcium lactophosphate, gr. v daily.

The best general prescription is as follows; Menthol, gr. 20; lanolin, oz. 2; benzoinated lard, oz. 1; olive oil, dr. 2. Mix. Apply twice a day.

For anal cases I have found the best treatment to be nitrate of mercury ointment, full strength, twice daily. In bad cases, it will be necessary to apply nitrate of silver, 1-4 to 1-2 dram to the ounce, and if this does not do the work, burn the surface with Paquelin cautery, but fortunately this is seldom required.

Ulcers.—After cleaning with bichloride of mercury, 1 to 2000, wipe dry and apply carbolic acid, 95 per cent, followed with alcohol. Now cut a piece of lead plaster the size of the ulcer, making a hole in the center for pus. Rest over this part a good-sized pad of sterilized plain gauze, then a layer of cotton, and over this a roller bandage. On the third day remove dressing and apply nitrate of silver solution, ten grains to the ounce, to the ulcer; then apply lead plaster, gauze and cotton with roller bandage. Repeat this every third day until cured. In some cases it is best to curette the ulcer before beginning the above treatment. This treatment has given me excellent service, and as yet I have had no failure to cure if treatment is kept up long enough. Chronic cases, chronic treatment.

W. F. RADUE.

Union Hill, N. J.

A SCHOOL OF THERAPEUTICS. PNEUMONIA.

I was reading your article on Pneumonia last night, and in the same journal, a few pages further on, a short article giving the names of a dozen doctors

who were attending a post-graduate course, which means surgery. I wondered why there was not a post-graduate course in therapeutics, since this is the one thing most needed today.

It makes me sick at heart to look at the record of deaths, not only from pneumonia but from many other diseases, and then hear some professor of renown rise up and declare that medicines are useless, simply because he has never learned to use them and has spent his time studying cocci with a microscope. Pathology is an interesting study, but what does it avail if you don't know what to apply to cure the trouble?

I agree with you in your statement of the curative power of drugs in the treatment of pneumonia, but from my experience I would suggest the local use of sterilized wool, preceded by rubbing the chest with turpentine; or rubbing with hot solution magnesium sulphate (tablespoonful to the pint of water), instead of your old quilt and grease. After the wool compress is applied leave it in place until the patient is well, which won't be long, if you clean him out well with calomel and saline and give enough veratrum viride to control circulation. Save your digitalin and strychnine for the case that can't be jugulated or aborted.

For the cough, when it appears, codeine sulphate, gr. 4; ammonium muriate, dr. 1 to 2; syrup prunus Virg., q. s. ad oz. 4, is a good thing. Give in teaspoonful doses to an adult. Remember the diet. Too many forget the patient in their zeal to kill the disease and he starves to death. In that case he might as well be treated with the microscope by one of the renowned professors who know of no remedy.

Menorrhagia: Apocynin for flow too free, long and frequent; young girls often need it during the first year's menses.

Menorrhagia: Never give iron during an active flow; for endless dribbling it sometimes puts a stop to it.

I believe that if a school of practical therapy was started it would be well patronized and you know that it should be. Some of the best men we have, honest ones and bright, balk at the alkaloids because they are not trained to use them. Not long ago I was talking to one of them and asked him if he was using them. He said he had some of them but could not get the hang of them. For example, he said he was called the week previous to see an old lady, age seventy, who had a bilious tongue and thinking of podophyllin he gave her six granules and told her to take them on going to bed. Well, he was called to see her before daylight.

My advice to him was to take a half-dozen himself before using them that way on a seventy-year-old. He remarked that they looked "so darned small." But he will learn.

I have aborted sixty per cent of my cases of pneumonia when called during the first stage and cured thirty-five per cent of the balance, many of whom would have died but for strychnine, ammonia, beef tea, digitalin, whisky, turpentine, wool, etc. According to indications it is wonderful the amount of strychnine some cases need. Have given 1-40 grain every four hours to ten-year-old patients for five days.

My old preceptor who was a past-master in therapeutics, used to tell me that it was a disgrace to lose a case of pneumonia. He tried to impress on my mind the fact that if they were kept alive long enough they would get well themselves. (You can't do it with microscope.)

Well, Doctor, I expect you are tired of this rambling scrawl and will stop by hoping you will try the sterilized wool

and try it next time instead of the old quilt and grease.

W. D. CHRISTY.

Shannon City, Ia.

—:o:—

Doctor, your hints concerning the local use of turpentine and the wool compress in the treatment of pneumonia are good, though we shall not admit that they are so *very* much better than our own method. However, aside from the rubefacient action of the turpentine, it is probable that in some cases the constant inhalation of this substance might have a salutary effect upon the process in the lung. At any rate we suggest that CLINIC readers try the turpentine and wool.

You certainly have the right ideas concerning the treatment of pneumonia, though we carry them out in a different way. To clean out is the first thing, and the calomel and salines do that. We prefer to follow up these with the sulphocarbolates to prevent subsequent fermentation and putrefaction in the intestinal canal; this removes the danger of thoracic pressure due to gas formation and eliminates the dangerous element of systemic infection from the intestinal canal, which plays so important a part in all acute febrile diseases. As a vascular sedative the veratrum is good (veratrine better), though as we have so often said we prefer the combinations of aconitine with digitalin, strychnine and veratrine, suited to the special indications—sthenic and asthenic cases.

Your suggestion that there ought to be a post-graduate school of therapeutics touches something very near to our hearts. Such a school, to be operated by the CLINIC staff, has been one of our

Menorrhagia; In obstinate forms — red-headed blondes — don't wait too long to plug the uterine mouth with antiseptic material.

Menorrhagia; Lower the head and raise the pelvis and feet; keep absolutely quiet; feed on cold meats; enema bowels.

dreams for the future. Sooner or later we *shall* have it, right here. Meanwhile we are going to make the CLINIC itself just as good a "school" for the doctor as we know how—and we call upon every member of the family to help us. Send in reports of your cases, successful and unsuccessful; let's all plan to help. Sit right down *now*, Brother, and tell us how you are succeeding with the alkaloïds.—Ed.

TYPHOID FEVER COMPLICATED WITH PNEUMONIA.

Sunday, October 29, I was called to see a patient, a man forty-five years old, who had had a chill at 2 p. m. After getting a history of the case and as the symptoms were so typical I at once diagnosed typhoid fever. Temperature 103 degrees F.; pulse one hundred.

I at once put him on a calomel purge and ordered 10 grains of sulphocarbolates every three hours, twelve tablets or sixty grains a day, and saline laxative two or three times a day so as to have three movements a day. For fever I gave the dosimetric trinity and aconitine enough to keep the temperature at 101 degrees F. The case progressed very nicely until the fourteenth day with a temperature of 101 degrees F. in the morning and a rise of 102 degrees F. in the evening. Then on the fourteenth day, in the evening, there was a sudden rise to 105 degrees F. pulse 130, a slight cough and pain in the chest. After an examination, I found a pneumonia of both lungs.

I ordered an antiphlogistine poultice to the chest, a cold wet pack to the abdomen and good stiff doses of the dosimetric trinity and aconitine. I also gave

an injection of 1-20 grain of strychnine twice a day, under the skin. The fever kept between 102 and 102 1-2 degrees F. in the morning to 104 and 104 1-2 degrees F. in the evening, in spite of large doses of aconitine, dosimetric trinity and cold pack to the abdomen.

On the twenty-first day of the disease the fever broke and fell to 98 degrees F. in the morning, with a very slight rise that evening and then it did not rise again but kept at 98 degrees F. with a pulse of eighty. I now stopped all medicine for fever and gave him strychnine arsenate 1-30 grain, four times a day. He is now doing nicely.

During all his sickness he had very little delirium and stupor and no more than three movements of the bowels daily. This has been my experience with the intestinal antiseptics for the last five years and goes to show that there is something in it in spite of a few college professors' denials of the value of the sulphocarbolates. I claim that the recovery of my patient was due to them and no doubt he would have died if he had been treated as of old. Although this case was not aborted it was very much shortened in duration and considering the pneumonia setting in, I flatter myself very much as to the success I had in this case.

W. F. RADUE.

Union Hill, N. J.

THE THING THAT DOES IT.

I wonder if there is any physician who reads the various medical journals (I mean those who pay any attention to therapeutics—which, if the dictionary is correct, is the only science that can be called "medicine"), without having his

Menorrhagia; We may stop an abortion and have placenta previa as a reward for trying to do our duty; do it anyhow.

Menorrhagia: Always assume pregnancy until absolutely sure it is not present and never take the woman's word for it.

head swim at times. Not only are these journals filled with flat contradictions as to the efficacy of certain remedies, some holding to the opinion that a particular drug is of inestimable value in certain diseases, while others as strenuously contend that said drug is worthless, and has no therapeutic value whatever—but these opinions are supposed to be founded on experience. Doubtless they are, but the experience needs qualifying, and certain factors may enter into one's experience that he is blind to, or ignores at any rate. For all the forces in this wonderful universe are not material forces, and we may at some future time come to the consciousness that the most potent influences that play upon our life, material or psychic, are those of the unseen.

The great line of disagreement at present seems to be, whether in the use of a remedy the *whole* principle as combined by the process of nature, or the active principle shall be employed, and in the solution of the question one must after all be guided by his own experience, with what assistance he can get from the "gray matter of his own brain," as to whether his experience has any basis on which to stand.

And is there not a fallacy into which we may wade in this—that we assume that what is true of some things is true of all? If a man could be suddenly introduced into this world, with all of his faculties developed, and should pick up a piece of ice, he might conclude that everything in this world is cold, and hold that opinion firmly until he attempted to pick up a red-hot horseshoe.

It is argued by the opponents of the alkaloidal theory that Nature is perfect in her manipulations. To an extent this

is true. In the process of growth nature surrounds everything with conditions and substances that it does not need forever, but they are needed in some part of the process. The new-born babe has no further need for the umbilical cord after it begins to breathe, but when in the uterus that same cord is a vital necessity. The hickory-nut needs the close-pitted outer shell at some period of its development, but it casts it aside later on. The grain of wheat needs its protecting crust during its tender stage, but that husk must be removed before we make it into bread.

I find a fever raging in the system and I want to reduce it. Do I give my patients some aconite leaves to chew? Of course not. Your critic may say that I don't know how much drug principle I am giving. No, nor do I know how much atropine I am giving in 15 to 30 drops of belladonna tincture, which a medical book, *for household use*, gives as a dose of this tincture. And suppose I followed his directions and administered 8 drops of tinct. aconite. Can I know whether the deficiency of aconitine will render the drug ineffective, or an over amount of this alkaloid will despatch my patient into the hereafter so suddenly that the angels can not find him? And this active principle is also locked up more or less securely in atonic cells, and must break out before it can work. None of this sort of thing for me, please. I prefer to have the aconitine extracted for me, and added to it the active principle of those dangerously uncertain herbs, digitalis and veratrine, I have in the form of a minute granule (defervescent compound) an unfailing weapon which begins to work *at once*.

Menorrhagia: Dead and decomposing matter can not be removed from the uterus too soon; or with too much care.

Menorrhagia: Hydrastinine, gr. 1-12 every four hours, is effective but takes time to get to work; action well sustained.

It has not to separate itself from a mesh of "hereditary conditions" in the stomach of the patient before it can assert itself.

Just here let me stop to notice one objection that may be urged against a portion of my claim—that of the uncertainty of the amount of alkaloid in galenic tinctures. There are chemists who, in their fluid extracts of the more powerful drugs, are careful to have an accurate quantity of the alkaloid, adding the alkaloid, or alkaloids if there is more than one active principle. But this involves the principle of disturbing the balance of nature, for how can an alkaloid be added to a weak tincture, unless that alkaloid has been obtained by breaking up the atoms of some other plant to obtain it? And if the therapeutic value of a drug resides in its alkaloid, why drown that alkaloid in a mass of alcohol? Why not use it pure and simple? And I make this animadversion reluctantly for the excellence of the preparations of these houses is beyond question. Let me tell a story.

Sometime since, while visiting a patient in a suburban city, I wished to administer *cyripedium*. I always carry a bottle of Merrell's normal tincture of this herb in my satchel as well as other tinctures of theirs, and Lloyd Bros.' But this time my bottle was empty. I wrote a prescription for some and was about to send out for it, when the uncertainty of getting the sort I wanted led me to go to the druggist myself. I asked for Merrell's; he hadn't it. I asked for Lloyd's; he hadn't it. He showed me some that he had, which he had kept for some time. It looked like a mixture of tan dust and sea water. Of course I

did not want it, and I know *he* would not have filled my prescription with it. Then we got into conversation and he remarked, "If I were a practising physician I would never order any fluid extracts but Merrell's." "But," said I, "you have none, and you are the very man I should expect to find them with." "Well," said he, "I can't afford to fill prescriptions with such a quality of tinctures," and he couldn't.

And, now having acknowledged the weak spot in my argument, let me ask the doctor who gives prescriptions if he ever *knows* what he is giving his patient. If he could get such tinctures and fluid extracts as those two Cincinnati houses make, he might, but how many druggists in the country fill your prescriptions with such as these?

I am not writing this paper in the interest of either Merrell or Lloyd, nor even in the interest of The Abbott Alkaloidal Company. That would savor of "commercialism," and that is not in my make up. I hardly know a dime from a hole in the ground! But I have started out to try to tell you, in my way, why I am an alkaloidalist.

I have instanced aconite and belladonna. Now there is another valuable remedy known as *jaborandi*, but it as uncertain as political honesty in its manifestations. John Uri Lloyd wrote in regard to this drug—in a pamphlet issued by them early in the year—a most interesting article, and he said that the uncertainty of this drug has almost determined them to drop it from their list. But what is the trouble? Simply it contains *two* powerful active principles, as antagonistic in their character as a woman born with the sun in the sign Gemini, and one

Menorrhagia: Probably the speediest remedy is atropine, gr. 1-134, with equal doses of glonoïn to hurry it in.

Menorrhagia: If atropine drives the remaining blood out into the skin, it can not be escaping from open uterine vessels, too.

can never tell which will predominate. I often think its erratic action depends largely on the *temporary* idiosyncrasy of the patient; perhaps, begging Dr. Waugh's pardon for the occult nature of the suggestion, its action is affected by existing planetary conditions and influence. It may make a patient "sweat like a beaver" or dry him up like a tablet triturate of atropine. It may drown a nursing woman in her own milk or shrivel her breasts like a farrow calf. But break up the atoms and separate the alkaloid pilocarpine and it is a valuable remedy if used carefully—and all remedies need to be used with care.

Well, there is another thing in favor of the alkaloidal granule—its stability. I have some granules in my satchel that I got six years ago, and they are as active and reliable as they were the day I got them. What does the ordinary fluid extract look like, after standing even two years?

A writer in a medical journal last year remarks as follows: "This alkaloidal fad was born about half a century ago. It died in its infancy. It was reincarnated only a few years ago and has been in the incubator ever since." Well, that may be the writer's opinion looking out of one corner of one eye. But if he is correct, the "incubator" must be of huge dimensions. Even here in Boston it has attained quite a size—if anyone doubts it let them stand in the back part of Metcalf's fine store on Tremont Street and see the little vials of alkaloidal granules pass over the counter. And in addition to this, look at the sales of concentrations in powder form, by Parke, Davis & Co. and the representative of Wm. S. Merrell & Co. and Lloyd Bros., and

more of these would be sold if they could be got in smaller quantities.

Now I hope this will not be taken for the vaporizing of a wild alkaloidist, for I do not use these things exclusively. I carry some tinctures to make up into impromptu syrups as needed, using honey as a basis.

I do not look upon alkalometry as a disruption of Nature. Nothing is really simple. To my mind the various constituents of a plant are like a community of individuals, of different dispositions, aims, thoughts and desires. In one way only is the town a unit, in its general care for its roads, its poor, its education. The whole town meeting doesn't go to the legislature, nor hold the office of town-treasurer, nor act as pound keeper. This necessitates the selection of some one individual who is peculiarly fitted for the purpose. There are occasions where the whole community act together, in town meeting—a sort of municipal galenic, but there are other duties that can be best performed by one individual, and it is no violent breaking up of Nature's atoms when *one* goes to the legislature, while the rest stay at home, and farm. That is my homely idea of alkalometry—*select The thing that does it* and send it to do the work.

I want to add a word in regard to diet in typhoid dysentery, for I have had a touch of it myself. It came on a Thursday. I was not disposed to pay much attention to the incipient diarrhea for being rather a healthy specimen of humanity I don't often take drugs. But Thursday night "I had to get up" and I had a curiosity to know just what my internal laboratory was producing. It only needed one look to convince me that I

Menorrhagia: Plugging the uterus destroys all chance of saving the life of the fetus, but should not be delayed too long.

Menorrhagia: Any benefit obtainable from bromides is better secured by a sufficiency of caulophyllin to quiet muscle fibers.

had no time to waste, for a more unmistakable mass of slime and blood never presented itself. I wrote an outline of treatment for this disorder for the *Medical Era* last June, which you—mistakenly, perhaps—considered worth copying. So I swallowed a pink calomel tablet, gr. 1-10 every fifteen minutes, until I had taken one grain and between each took a grain of calcium sulphocarbolate. One hour after the last tablet I took two heaping teaspoonfuls of saline laxative, you know the stuff, and that was all the remedy I used, except a couple of defervescent granules which downed the fever in no time.

Well, here it was Friday, and two problems confronting me, baked beans Saturday for supper and the position of organist for a church that has an elaborate recital, from which I have not been absent for thirty years. But the deprivation of my beans was the greater cause of grief!

But the calomel, sulphocarbolates and saline had got in their work, and the feces were healthy. My wife suggested something to eat, but I would none of it. However, I bethought me of some Horlick's malted milk, and I fixed up some, and I lived on that all day Friday and Saturday—a free larder, for I used up the samples they so generously send me every little while. Saturday evening I got some clams, and made a bouillon, which with a few soda biscuits, partly compensated for the loss of my beans.

Sunday morning, although somewhat weak, I attended to my duties at church, and walked home, a distance of nearly three miles, only before setting out for church I drank a pint bowl of malted

milk, and I have never fallen into the vulgar habit of taking it *too thin*.

When I got home, having nothing to prevent indulging in a relapse if I wanted to, I attacked my beans, minus the brown bread however, and made up for lost time. No ill results followed, however, and I resumed the ordinary tenor of my way.

I suppose it may seem superfluous, so well known a thing is Horlick's malted milk, but for a food in cases where almost absolute abstinence from any nourishment seems indicated, this preparation is invaluable. Malted milk and clam bouillon are my diet in such cases. And with alkaloids they are *the things that do it*.

J. R. PHELPS.

Dorchester, Mass.

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We shall not try to add a single word to Dr. Phelps' masterly presentation of the case "For The Thing That Does It." We leave the whole question in the hands of *the Jury!*—Ed.

ARE INTESTINAL ANTISEPTICS SYSTEMIC "DEPOISONERS?"

The world moves! The great truth for which we have so long contended, that autotoxemia, especially intestinal autotoxemia, plays the leading role in the production of disease and disease symptoms is being acknowledged by an increasing number of medical men every year, and these men are, as a consequence, becoming enthusiastic users of the intestinal antiseptics, especially of the sulphocarbolates. There is a peculiar fitness that the latest contribution on this

Menorrhagia: A loaded rectum always irritates the womb; empty by salines and small warm enemas, never by irritants.

Menorrhagia: Small opiates paralyze vessel contractors; large ones alone paralyze uterine muscle fibers.

subject should appear in the preface to the second edition of Bouchard's great work on "Autointoxication," which has just appeared. This preface is written by Dr. Thomas Oliver, who is Professor of Physiology at the University of Durham. Those who have lingering doubts as to whether or not the intestinal antiseptics play a beneficent role in typhoid fever should read the following:

It is only lately we have come to recognize that, once the dangers incidental to typhoid fever have been successfully surmounted, there are risks yet to be overcome—in a word, autointoxication from poisons generated within the intestinal canal. There are few medical men who have not had some experience of the success which has followed the administration of intestinal antiseptics in enteric fever. In my own practice I have used betanaphthol with excellent results.

I can recall one case in particular, where a young gentleman, in the fifth week of enteric fever, was so prostrated and blanched by intestinal discharges that he could not be turned in bed without fainting; he had an almost imperceptible pulse, a temperature of 105 to 106 degrees F., was almost in *extremis*, and whose life I consider was saved by betanaphthol and other intestinal antiseptics. We know that naphthalin is sparingly soluble, and that it passes to a large extent unchanged through the alimentary canal. No one denies to it the power of destroying the disagreeable odor of the motions. Salol, or the salicylate of phenol, has also given excellent results. Having passed through the stomach undecomposed, it comes into contact with the pancreatic juice in the duodenum, and is thereby split up into salicylic and carbolic acids. The latter is set free where it is required, but, as Brunton says, it has the disadvantage of being poisonous, and so betol or salicylate of betanaphthol is to be recom-

mended instead. [Accomplished more easily, better and more pleasantly with the c. p. sulphocarbolates.—Ed.]

All the substances belonging to the phenol class may be regarded as antiseptics in the largest sense of the word. Outside the system they readily arrest the development of germs, but within it their action is not so definite. They are antiseptics so long as they are not absorbed. Once this occurs, the antiseptic power of the phenols is suspended. They then form non-antiseptic compounds, Hoelscher in his experiments having shown that the blood does not become sterile even after large doses of guaiacol.

A fairly large experience of the treatment of certain diseases in which the blood is poisoned—e. g., ulcerative endocarditis, etc.—has led me to place considerable reliance upon phenols. When absorbed they no longer exercise a direct action upon the germs, but they exert another influence, viz: a depoisoning one. Seifert and Hoelscher [Chicago men.—Ed.] maintain that when the phenols are absorbed they induce a *depoisoning* of the body by combining with and eliminating the toxic albumins produced by the action of morbid germs. Phenols are not found free in the blood. They are eliminated in the urine as ethereal sulphates, in the form of salts that have resulted from the oxidation of some compound of the phenols with albumin, and, to a large extent, with toxic albumins, the result of the vital activity of germs. It is believed that the compounds of toxic albumins and phenols are non-toxic. They quickly undergo oxidation; hence the appearance of phenols in the urine as ethereal sulphates. Chemical disintegrations and recombinations undoubtedly occur, and to these must be attributed, by the process of depoisoning just described, the good results that follow the administration of antiseptics in certain forms of blood-poisoning. Under circumstances similar

Menorrhagia: Small opiates increase the bleeding while full toxic, not lethal doses, stop it surely.

The N. Y. Health Department has been sued for the death of a girl from emotion after a prophylactic dose of antitoxin.

to the above rigid intestinal antiseptics cannot but be of the greatest utility.

Time was (and still is in some benighted minds) when those who opposed the use of the intestinal antiseptics said that these remedies must be useless because they simply *could not* sterilize the immense area of mucous membrane in the intestinal tract; furthermore, typhoid fever is a general infection, the bacteria being found in the spleen, kidney, liver, and even in the blood—of course the sulphocarbolates could never reach them there! It was useless for us to explain that we never expected that we could give our remedies in sufficient dosage to render the whole alimentary canal surgically clean, but that we gave them with the expectation (born of results) that they would *check* the putrefactive processes which play so large a part in the systemic poisoning, through fecal absorption. That they cured these cases we knew from experience and through the reports of thousands of members of the CLINIC family who obtained like results with ourselves.

Oliver adds another link in the chain of evidence. While he does not claim that the intestinal antiseptics are systemic *antiseptics* he submits excellent evidence that they are systemic *depoisoners*; that while they do not destroy the germs in the blood and viscera they do enter into combination with the toxic by-products of these germs and make non-poisonous combinations of the phenols and the toxins. In other words, the intestinal antiseptic really has a systemic effect, a most important one, which plays a great part in the cure of typhoid fever and possibly of many other diseases originating in the intestinal tract or modi-

fied in its course by intestinal by-products.

We have but one thing to add. Oliver evidently knows little about the sulphocarbolates. He has possibly been misled by the negative or erroneous reports published in the works on materia medica and pharmacology. When any man has experienced the greater certainty of results, with the diminished danger—rather absence of danger with this, the best of all intestinal antiseptics, he becomes, every time, an ardent advocate of the c. p. sulphocarbolates as the safest and most effective remedy of its class.

A NEW INTESTINAL PARASITE.

One day last summer a physician in an adjoining county wrote me that a patient of his had voided some beetles, and asked me if I cared to see them. Assuring him that I did, he sent me several specimens of an adult beetle that Dr. F. M. Webster of Washington identifies for me as *Nictictula bipustulata*.

The history of the case is as follows. The patient, a man in middle life, came to the doctor one day stating that he had found bugs in his excreta that had been voided on the ground. The doctor told him he must be mistaken, that they probably were already on the ground. To make sure he told him next time to use a clean chamber. He did this the next day and brought the doctor a number of the beetles, stating that the excreta contained more than a tablespoonful of them.

This is all of the case I could get until one day last week I was in the town where the doctor resided and called on

The American quick lunch has failed in London. Good thing—glad to know there is a place men can take time to eat and live.

A London man dresses wounds with a glass plate, but spoils it by smearing with an antiseptic ointment first.

him. From him I learned the further details of the case.

The patient is a strong, robust man who is never sick in the ordinary sense of the term. Six years ago his son told him that he had found bugs in what he passed. He told him that they probably came from the ground, but this led him to observe his own excreta. The son has since died of typhoid fever.

How frequently he had voided the beetles I could not learn, but from the doctor's statement I judged that he had been finding them more or less since his son called his attention to them; but he did not go to the doctor till last summer and this seemed to be because he thought the insects had something to do with the son's typhoid fever.

When asked as to the effect of the insects on the man's system, the man said that they did not produce any emaciation nor other disturbance except that the man was habitually constipated. After taking a cathartic he would at times have considerable pain from the region of the ileocecal valve up and across the transverse colon, and then would find the beetles in the excreta.

As to how they came to be in the system, my first thought was that the eggs must have been laid on smoked ham which had afterwards been eaten raw. The doctor said he had asked the man about this and he denied ever eating raw ham. This being the case, the only way I can see that he could get them into his system was by the eggs being laid on meat that had been cooked and set away in the pantry and afterward eaten cold, as is the custom among farmers. As this is essentially a pantry beetle this is not only possible but probable. The larvæ

probably passed the several weeks of their adolescent life in the small intestines and when they reached maturity passed the colon and were voided.

G. H. FRENCH.

Carbondale, Ill.

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I do not at all understand this case, not being much of an entomologist. I did not know that beetles could live in the imago form without air, that is, assuming that they were passed alive (as Dr. French assures us in a later letter).

There are two remedies that I would suggest in this case. One of these is cheloniin, which has proved remarkably effective against all forms of intestinal parasites for which it has yet been tried. The other is the tape worm remedy devised by Dr. Abbott, simply a mixture of male fern carefully selected from among the samples (mostly worthless) supplied as such in the market. This latter is so effective that I strongly doubt the possibility of any living organism retaining its place alive in the alimentary canal after a dose properly administered. I should like very much to hear the result of this or any other method of treatment employed in the case.—ED.

EPILEPSY: AN INTERESTING CASE AND A NEW TREATMENT.

Mrs. M., age 35, mother of three or four children, consulted me in April 1904, for attacks of epilepsy. She had been under the care of a homeopathic physician from the beginning of the trouble. In haymaking, 1902, she was leading a horse to unload hay with a hay fork. In some way the horse upset her and frightened her very much. She

Five hundred St. Louis doctors contribute 15,000 names to a dead-beat list being compiled for a Medical Credit Guide. Good thing.

Extreme renal dropsy resisted vigorous diuretics, caffeine citrate, 7.5 grams a day, helped at once and cured (?) in a month.

was not hurt but after that was very nervous. In November 1902, she had her first attack of epilepsy. No more attacks until January, 1903. After that they recurred about once a month or oftener. At this time she began with petit mal and has continued ever since, varying from one to eight seizures a day. At this time grand mal attacks were always at night.

In April, 1904, when she came under my care she was weak, anemic, nervous, emaciated—had lost about twenty-five pounds she thought. Her menses had stopped in May, 1903, and there have been no signs since. There is atrophied condition of uterus, cervix and perineum which was slightly lacerated but has healed; no pain or distress in this region. She is depressed mentally, melancholy and her memory is weak. The urine is very pale, sp. gr. 1001 to 1010, the highest I have found it at any time; slightly acid, sometimes alkaline, centrifuge gives scarcely any sediment and microscope shows nothing; albumen none; the quantity is generally above normal for her size. She weighs about 100 pounds.

Being sometimes constipated, I cleaned her out with saline and gave the sulphocarbolates after meals. Put her upon verbenin, an antiepilepsy granule and sodium bromide to take the place of sodium chloride, which was stopped entirely. All animal food was stopped.

She had no attacks of grand mal from May, 1904, to February, 1905, when her boy died from scarlatinal nephritis after a lingering illness. The shock of his death (after weakening from nursing)

brought on an attack of epilepsy and on the day of the funeral another. The petit mal attacks, which had been reduced to one, two or three a day now became more frequent—four to six times a day. In June, 1905, she had two attacks in one day, none since.

When she goes away from home she is always better, especially if she is in good company. Her spirits are more cheerful, attacks less, appetite better. She is always better out of doors. She always sleeps well, eats very little in the morning.

The singular fact in the case is, the epilepsy coming at her age. Was it traumatic? If so why did they not come immediately after the horse threw her down? The cessation of menstruation at thirty-five, was it the cause of the epilepsy or the epilepsy the cause of the cessation of menses. Or was it a coincidence? I cannot think that the slight cervical and perineal laceration could cause the trouble without causing local pain and distress. Is the low sp. gr. of urine evidence of defective elimination? I am inclined to think so and think that if I could look around the circle of nutrition and elimination I would find the cause right there. I have put a great deal of thought into this case.

J. F. V.

—, Pennsylvania.

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These cases are practically inexplicable. The nervous shock unquestionably set up conditions which caused the production of a toxin the effect of which is to cause the symptoms we term "epilepsy." The writer has for some time past been preparing a pamphlet on "Epi-

Caffeine by vasodilation relaxes arterial tension; strengthens and regulates heart action; slows and strengthens pulse.—Mirano.

Game and poultry cold-stored with viscera not removed, cause most cases of toxification.—N. Y. & N. E. Asso. R'y Surgeons.

lepsy" which will soon appear and has of course carefully watched his cases. His theory is this: Lecithin is necessary to the neurons and is found in large quantity in the medullated sheaths from which it is taken up by the nerve fibers. Under certain degenerative conditions lecithin is decomposed, and as *cholin* (a convulsant toxin) is a component part of this complex body and is known to be split off under just these conditions it is apt to become a part of the nerve substance and cause the symptoms of epilepsy.

This is a crude presentation of a great fact. You will see how this theory answers your question. The fright and "shock" set up the abnormal condition which caused the production not of *lecithin* but of a substance easily decomposed and yielding *cholin*—this took *time*. When enough existed to derange the centers you had the first seizure and, as a vicious circle has now been established you continue to get them in increasing number and of greater intensity. Finally, under medication, the metabolic error is corrected and elimination being greater than production no more attacks occur. Again "shock," again disturbances of the body-chemistry and, once more, epilepsy!

Now, doctor, we have just had a triumph. A girl "dropped" on a boat on which we were and we brought her through. She sought us and insisted that we take her case. She was having one or two fits every week. Had done so for a year. In two weeks she had *one*; her menses came on, she had another (mild) but for twelve weeks now not even a tremor! Other cases have behaved similarly but have not yielded quite so rapidly.

Here is our method. You know that prior to a fit urea is absent but after a seizure is present in enormous quantity. You also know that urine is dependent (as to *quantity*) upon the amount of blood flowing through the renal vessels. Any nerve disturbance could, by reflex action, cause contraction of the vessels and reduce the flow of urine. More toxic matter retained. Now we give our patients first a course of eliminants and glandular alteratives—Blue mass, euonymin and leptandrin variously combined at night with a saline next morning on waking. They get boldine (which increases urea,) and other alteratives as xanthoxilin, chimaphilin every three hours and verbenin and scutellarin two and four every four hours. After a week they got solanine hydrochloride (gr. 3-67) in place of the verbenin and after ten days they return to the first medication.

Normal digestion is secured by the use of proper remedies. Every third night a high enema is given. Morning noon and night on an empty stomach, one tablet of lecithin *eaten slowly* or rather *sucked*. Baths, proper diet, etc., of course. Rectum looked up; sphincter dilated if needed; prepuce or clitoris examined for adhesions. Ocular defects remedied; worms gotten rid of, adenoids also; nasal spurs, deflections, etc., removed. In short *any* source of nerve irritation should be eliminated. Assimilation and elimination rendered normal it is possible to *cure*; with deranged metabolic processes turning out toxins instead of nutrient repair material—*never!*

Solanine lessens nervous irritability but does not depress vitality or ruin digestion as the bromides in big doses do.

The coryza of today may tonight extend to bronchioles; to forestall and prevent extension is the pith of treatment.—Winters.

Distention of the branches of the bronchial arteries is the first deviation from normal; restrain this at inception.—Winters.

Take this for what it is worth and remember that *each* case, after all requires distinct individual treatment.—Ed.

THE CLINIC HELPS SUPPORT HIS FAMILY.

The CLINIC has been the means of support to my family, for under the old galenical teaching I could not have conscientiously remained in the practice of medicine. But now, with the arms of precision, I am enabled to promise my patients something for their money.

J. W. H.

—, Texas.

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It is one of our chief sources of satisfaction that the conscientious physicians of the country are the ones who use the active principles most. And doesn't it pay to *really* give your patients "something for their money"—in personal satisfaction for the doctor, in the grateful hearts of his friends, and in better business for all concerned? We think it does.—Ed.

WILD YAM IN BILIOUS COLIC.

About the year 1878, I saw an article in some medical journal (I cannot now recall the name of the journal, but think it was the *St. Louis Medical and Surgical Journal*) in regard to the use of "wild yam" in the treatment of bilious colic. The doctor who wrote this article I think lived in North Carolina and was rather positive of the effects in bilious colic.

Having a case on hand at that time I concluded to give the remedy a trial. I think the preparation I used at that

time was the tincture of green root, commencing with a moderate dose and increasing one drop each day until I got the effect of the drug, which was increased lacrymation and redness of the eye. Then I would stop the medicine for a few days and commence it again the same as I did at first. I was rather skeptical as to the efficacy of the drug when I first commenced its use, but to my surprise my patient had no further trouble with bilious colic. I am certain that this lady, aged about thirty-five years, had bilious colic, as she passed several gallstones.

No. II.—A lady about forty years old, was referred to me by the first patient. I called to see her and found her in a typical attack of bilious colic, severe. She wanted me to give her some of the same medicine that had cured number one. I could not at that time think what I had given the first patient so gave her a hypodermic of morphine and went to druggist having the number of the prescription from the bottle that I gave the first patient, so had no trouble in getting the same medicine, which was a vivid green. I put lady number two on the same treatment with the same good results as the first patient. By this time I began to think there must be some virtue in this drug for bilious colic.

No. III.—In 1882 I was called to a lady, Mrs. P., aged about fifty-six, who had had severe attacks for several years, which were diagnosed and treated as neuralgia of the stomach. She was relieved by a hypodermic of morphine. It was my opinion her trouble was due to gallstones, as these attacks would last from a few hours to two or three

Alcohol may induce sleep by dilating vessels of stomach and abdomen, drawing into them blood from the brain.—Brunton.

Three granules of digitalin at bedtime secures sleep for an anemic far better than any direct hypnotic.

days. She would invariably become jaundiced when the attacks would last for any length of time. There was marked tenderness over the gall-bladder and gallstones could be felt by palpation. This woman was addicted to the use of morphine and finally died from the effects of gallstones. She passed them following almost every attack and finally one became imbedded in a pouch of the rectum and, forming a fistula, the gallstones passed out when the fistula opened.

I gave her the wild yam. I cannot say that I got any benefit from the drug in this case, as she lived several miles in the country and I could not see the case only when her pains were so severe that they did not yield to the morphine taken by the mouth.

No. IV.—Some time during the fall of 1896 I was called to see Mr. C., age about 54 years, who I found suffering with severe pain in the region of the gall-bladder. He had been having attacks very similar to these, at irregular intervals for two or more years which were diagnosed as neuralgia of the stomach. However, I told him I considered his trouble was due to gallstones, gave a hypodermic of morphine, and when the pain subsided gave him a dose of epsom salt and had him examine his feces for stones. He found them without any trouble. I gave him wild yam for about one month, gradually increasing the dose until effect. To the best of my knowledge he has not had a return since.

No. V.—During the winter of 1898 I was called to see Mrs. C., age about forty-two years. I found her suffering from severe pain in the gall-bladder re-

gion. Skin sallow. I told her that in my opinion she had gallstones; however, she thought not, as she had often had spells like this and her doctor said it was neuralgia. I gave a hypodermic of morphine and strychnine. After the attack subsided I gave epsom salt and told her to watch for gallstones. She found several small stones. I gave her the wild yam, fluid extract prepared by Lilly & Company. In about ten days she had another attack, pain not very severe but lasted several hours. When pain subsided she concluded to do as she did before, take epsom salt. On the following day, and to her surprise she passed fifty or sixty stones about the size of wheat grains to the size of a grain of popcorn and some even larger. She brought them to me and seemed quite alarmed to think she passed so many. Lighting a match and holding one of the stones in the flame it burned readily and gave an odor like stale urine. I continued her on the wild yam for some time and she has not had any recurrence of bilious colic since.

No. VI.—A woman, Mrs. K., age twenty-eight, called me to see her about one year ago. She was having very severe pain in the region of the stomach. Had had similar attacks before. One physician told her she had indigestion and gave her a hypodermic which relieved the pain and at another attack she was treated for neuralgia of the stomach. Treatment the same as before. When I saw her I told her she had gallstones. Gave her wild yam. She has not had any attacks since.

In conclusion I do not wish to be understood that I think wild yam will dissolve a large gallstone, but I believe it will

Three granules of aconitine at bedtime secures sleep for a plethoric far better than any direct hypnotic or bromide.

Bronchitis: By cutaneous capillaries, in testinal mucosa and cardiac inhibition the initial lesion may be abridged.—Winters.

restore the diseased mucous membrane of the gall-bladder and ducts to a healthy condition, thereby preventing the formation of stone. And I further believe that bilious colic is more frequent than most physicians believe.

J. H. HULL.

Washington, Iowa.

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Dioscorea has been a favorite remedy among the eclectics for many years, and deservedly so, for nothing gives more certain relief in the treatment of bilious colic than it does. We can fully verify Dr. Hull's conclusions from our own experience. It fills the bill. Much more satisfactory results can be had with the granules of dioscorein, as a rule, than with the liquid preparations. Given in 1-3 grain doses every fifteen minutes it will relieve gallstone colic practically every time, and is one of the best remedies for other abdominal pains, cramps, colics and neuralgia. It may well be associated with gelseminine. It undoubtedly relaxes spasm and permits the passage of the stone, while it is highly probable that it also has some such alterative action upon the mucous membrane of the bile passages as Dr. Hull describes.

Dioscorein ought to be used more. Associated with sodium succinate for use in the intervals between attacks it admirably meets the indications. But don't forget the sodium succinate.—Ed.

THE CHICAGO LABORATORY.

While the CLINIC is essentially a clinical journal and especially devoted to that branch of the physician's work, it has never joined in the silly detraction

of the laboratory. Instead, while it has never neglected to condemn that undue devotion to laboratory work which leads the physician to neglect his more direct duties in the clinical field, it has urged continually, in season and out of season, the necessity on the part of the physician of availing himself to the fullest extent of the aids to be obtained and the light to be shed upon his path by the laboratory investigations. We are glad to know that the profession has found the laboratory so essential to its work that another has been added to the institutions on which Chicago has heretofore prided itself.

The newcomer is "The Chicago Laboratory," Clinical and Analytical, located at 126 State Street, under the directory of that brilliant young scientist, Ralph W. Webster, whose work along the line of diabetes and allied affections has attracted considerable attention in the highest ranks of the Chicago medical profession. We bespeak for the new laboratory a full measure of patronage on the part of our readers.

CACTUS AND OTHER HEART REMEDIES.

Finley Ellingwood (*Los Angeles Jour. of Eclectic Med.*) says that cactus is a better general heart remedy than digitalis and is indicated in the enfeeblement due to defective nutrition, a condition very common in neurasthenia. When there is extreme irregularity, exaggeration, or tumultuous heart action due to weakness, this is the remedy, but when the exalted action is due to temporarily increased vital action it should be avoided, and here gelsemium is the remedy. Cac-

Bronchitis: In severe cases the drug of unfailing, universal efficacy, is aconite; circumscribing arterial pressure.—Winters.

Bronchitis: Intestinal elimination, diaphoresis, aconite and niter, make up the febrifuge measures; other antifebriles contraindicated.

tus is sedative to the action of the heart and will reduce temperature where this is high and associated with vital depression; on the other hand, there are cases of subnormal temperature which yield to it more quickly than to strychnine.

As regards other heart remedies El-lingwood says that digitalis is valuable where the pulse is rapid, weak, or compressible, or with cough, cyanosis or edema; where the pulse is full, hard, and slow, or in stenosis of mitral or aortic valves, with fatty degeneration or arterial sclerosis, it is contraindicated. *Strophanthus* acts directly upon the heart muscle as *ergot* upon the uterus; valvular insufficiency is improved by it, but if nutrition is poor it should be given with *cactus*, *avena sativa*, phosphorus or *cratægus*. The last named is of value in old standing chronic cases with insufficiency, especially where there is a tendency to atheromatous degeneration. *Convallaria* regulates a heart disturbed by reflex irritation and somewhat improves its nutrition, overcoming dyspnea and restoring arterial tone.

Apocynum is the remedy when from failing compensation dropsy is threatened or present, with feeble pulse. Strychnine is indicated when there is irregular action of the heart, or disturbed rhythm. It is valuable when there are faults of nutrition. Bromide of strontium is suggested for irritable heart.

ZINC PHOSPHIDE.

We desire to call the attention of our readers to a remedy of remarkable powers which have not, as yet, been defined, or the limits ascertained of its physio-

logic effects and therapeutic action. Zinc phosphide is thought to offer in a general way the advantages of phosphorus as a remedy, without the difficulties and dangers attending the use of that perilous agent.

Phosphorus is a mean thing to handle, about the only form suitable for pharmaceutical manipulation being the resin. It is doubly dangerous, in that its use is liable to cause poisoning with necrosis of the maxillary; and in that we do not know exactly in what form it is appropriated by the system. Phosphorus cannot exist as such for any appreciable time in the human stomach, and what form it assumes there in the varying conditions of that organ's chemistry is not as yet fully comprehended.

Zinc phosphide is a stable salt, whose curative properties are to some extent distinct from those of phosphorus. The writer stumbled upon this remedy sixteen years ago, when searching for a means of treating an obstinate case of herpes zoster. When zinc phosphide was given, marked relief ensued within twenty-four hours and the patient was almost well in another day. No case of this disease has come to the writer's attention since, which has not yielded in the same manner to this remedy.

How does zinc phosphide cure zoster? This disease is not essentially an affection of the skin, but a cutaneous manifestation in the peripheric distribution of a nerve, of degeneration of the corresponding nerve roots; and we assume that in this case of zoster the phosphide acts as a nutrient, and relieves the apparent disease by improving the deranged nutrition of the affected nerve tissue.

Bronchitis: Cold to the cutaneous capillaries is unphysiological, pernicious; conduces to extension.—Winters, *Med. News*.

Bronchitis: Excessive secretion may inundate the bronchi; anticipate and intercept it; camphor is the most valuable drug.

If this be the case, the same remedy should be applicable in other diseases which consist in degeneration of nerve tissues with peripheric manifestations. Acting on this principle the writer has applied zinc phosphide in numerous cases of inveterate neuralgia, in excessive hyperesthesia, and other diseases of peripheric tracts corresponding to distribution of one or more nerves; and the success ensuing has confirmed this view as to the action of the remedy.

But it seems as if the uses of this preparation could be extended still further. Why limit the remedy to degeneration with peripheric manifestations? Take the whole group of maladies depending upon degeneration of the various tracts in the spinal cord, of which locomotor ataxia is one; the wet brain of chronic alcoholics, and paresis. Even in neurasthenia there is reason to believe that the judicious use of this remedy may prove its value.

How should zinc phosphide be given? The writer has settled down to grain 1-6 as the average adult dose, to be given one hour previous to each meal and just before going to bed, in order to avoid having the remedy broken up by the digestive fluids, with the evolution of phosphureted hydrogen, and nauseous eructations so exceedingly unpleasant to the patient. Does zinc phosphide cause necrosis like phosphorus? We really do not know. In the doses given the remedy has proved safe, but has acted so powerfully and promptly in the diseases for which it has been given that we have never administered it for longer periods than one week.

In neurasthenia especial care should be had to avoid the overdosing which

is so apt to occur in this malady. Here, and in the more chronic forms of nervous disease, we are in the habit of administering zinc phosphide in the above doses for one week at a time each month, substituting lecithin for the balance of the month. The former remedy appears to afford a powerful upward impetus, which is more than sustained by the lecithin. This is a valuable combination in the treatment of neuroses in general. A powerful blow struck at the outset will work wonders, while if the same remedy is cautiously instilled into the system of the patient it becomes habituated to the remedy and the benefit is lost.

We would like to have reports on zinc phosphide; its favorable action in diseases, the limits of its dosage; and reports of any untoward symptoms following its employment, as well as of failures within the field here marked out.

TO ANNIHILATE THERAPEUTIC NIHILISM. THE QUESTION OF DOSAGE.

Therapeutic nihilism is born of ignorance in therapeutics. Ignorance of the best form of therapeutics begets loss of confidence in drugs, because we handle something we do not know how to use. Knowledge is the cure. If we have no confidence in our own practice, how can we ask others to have confidence in us? Is it a wonder that people run after so many false gods, that so many isms and pathies come and go?

Nihilism in medicine is entirely responsible for Eddyism, Dowieism, and all other worthless isms and pathies; they are all logical sequences to ignor-

Bronchitis, free secretion: Impetuous stimulation is the common, almost universal blunder; only freed by emesis.—Winters.

Tetanus and strychnine poisoning are relieved and lives saved by beta-eucain spinal anesthesia, to effect.—Russell, *Lancet*.

ance. It is ignorance that brings doubt.

Twenty-three years ago the writer was a private pupil of Drozda in Vienna. In the wards of the hospital I found on the little tables at the bedside decoctum adonis vernalis; it mattered not whether the patient was suffering from tuberculosis, pneumonia, bronchitis, cardiac trouble or what not. This opened my eyes to my first sight of therapeutic nihilism. It began in European centers and now has traveled westward, to our own shores. Of what practical use are pathology and diagnosis if we make up our minds that we are helpless with our therapy? We are not helpless by a "long shot" if we only know how to go about things. The old routine must be abandoned and we must practise therapy for results and results only. We must employ the best that time has brought and taught us, administer for effect, and forget a great deal of the old way of routine dosage.

The word empiricism should be struck from the vocabulary of medicine and the word "ignorance" should be substituted. Drugs *do* act and there is a reason why and how they do act. To know what we can do we must know our craft and the precision of our tools. If our tools are dull let us whet them; if they are too sharp let us dull them. To have good tools and to know how to handle them, is the key to success in therapeutics.

No one will deny that the action of drugs depends upon their active principles; all else must be superfluous and inert. If that is the case, then let us get acquainted with the active principles; but before we study them let us first be sure

that we have got them to use and not buy them like the cat in a bag. The "cat in a bag" in medicine is the crude drug; the galenical decoctions, syrups, tinctures and powders. We want the cat that will catch the rat; therefore we must see and know the cat first.

The cream of a drug is what represents a sure thing, the active principle; cream is a good simile to use in explaining to your patients the meaning of the active principle. They will understand. We can depend upon the active principles, then let us use them. They are more pleasant to take, because they are smaller in bulk, but are mighty and positive when given to effect.

"Give to effect" is the only way to use any drug. Know the effect you want and give to that degree. A knowledge of drug and disease leads the way to the indication. It is what can be and must be assimilated to produce effect that does the work. Never forget to give enough to produce the desired effect; no more, no less. Be sure, then go ahead.

If there were no other reason to give the active principles than their small bulk, it would still be ample cause to prefer them to the crude drug. We all know that a sick man loathes the idea of taking anything. Then why "nag" the patient with disgusting and abhorrent bulk?

We are sometimes told that the active principles are too powerful to be exhibited to the sick. No drug is more powerful than just the amount of active principle it possesses and represents. It is safer to give an active principle than a crude drug, because you

Rouget praises the glonoin group as remedies in hemoptysis; lowering vascular tension; succeeding where slower remedies fail.

Fourteen days' illness, toxemic, followed inoculation with antityphoid vaccine, with typhoid-like symptoms.—Lindsay, *Lancet*.

then know exactly the amount and potency of your remedy. The old way you do not.

We all remember the old creed: So and so much "constitutes a dose." There is no such thing as fixed dosage. What constitutes a dose for you may not for me. What constitutes a dose for me to-day may not for you tomorrow. We also remember, for instance, the fixed directions: "Sig: Give a teaspoonful every three hours." This is equally absurd and routine, because we do not beforehand know what it may or may not do in a given case, what may be enough and not too much for another of the same age. The right way to do is to give enough for effect in every single case; but to do this surely but safely, give little enough at a time but frequently enough repeated to get the desired effect, no more, no less. It is positive therapy that we want. After we obtain results it is then known to us what amount of drug obtains and effects can be easily maintained accordingly.

You see it might take a pound of food to appease your hunger, while it might take only a few ounces to satisfy mine, and you might get hungry hours before my hunger might return. Just so it is, to satisfy the wants of patients and the effects of drugs. In eating you sit down to the table and eat one little bite, then followed by another and so on until you need no more. Just so in seeking the results of drugs, it is best to give one definite little bit after another, to be repeated just as often as the urgency of the case requires to obtain desired results, no more, no less. In this way you stay within safe bounds, noting the

amount required to get the results. You must, of course, know the action of drugs, to understand and realize their signals while in action.

The golden rule is never to give more or less than will surely but safely accomplish your desire. In this way you do justice to your labors and you are not rocked in the "blues" nor lulled into therapeutic nihilism. We are now and then reminded that an active principle does not represent the collective action of the whole drug; but what of that? There are plenty of active principles that will respond to any variety of indications. They can be combined and blended, to satisfy any emergency, if you just know how.

By the way, polypharmacy is a thing that it is desirable to avoid, whether this be artificial or natural polypharmacy. For, do we get the gold nugget ere we isolate it from the quartz? I guess not. Give your drugs singly as much as possible and desirable, that you may better know what you are doing and can expect.

Remember that every case has its own individual and peculiar requirements. Find out in every instance what these therapeutical requirements are. The tendency of the past has been to follow the old way of routine, giving always the same amount of drug repeated always so often, regardless of immediate requirements and the urgency of the case; the results which followed were equally indefinite and uncertain.

Is it a wonder then that "old fogies" believe still less in aborting diseases, such as typhoid fever, pneumonia, etc., than they may believe in the action of drugs themselves? One's confidence is no

Rarely rectal dilation may aid in tight sphincters, as after strychnine addiction it might prove beneficial.—Young, *Med. News*.

Those who depend on butchers for thyroids and other glands are apt to get their extracts sadly mixed.

stronger than one's knowledge and belief in a thing. First, let us be sure of possibilities before we condemn. Knowledge is the beacon light to conviction.

Do not forget that the living body is like a chemical retort and needs cleaning out and to be kept clean. Let us keep in mind that many diseases are but bacterial processes, that the toxins formed have a primary action upon the nerve centers, and that support to these centers never comes amiss.

ROBERT PETER.

Chicago, Ill.

THE BEST "POST GRADUATE" A STUDY OF THE ALKALOIDS.

I have had lots to do in professional work since 1870. In 1885 I began post-graduate work with the teachings of Burggraeve. The situation in medicine before his day and now with many was, we now see, due to the inefficiency and variability of action of the remedies at the command of the rank and file of the therapists. I remember, nearly fifty years ago, hearing my father say, while I was helping him gather lobelia, blood-root and other indigenous field products, that he could make in the kitchen better, more reliable medicines than he could otherwise procure. If I do say it, who, perhaps should not, he was a famous doctor in Northern Ohio. As he graduated in the 40's, in Philadelphia, and had post-graduate work, of those days, in New York, he was probably able to tell the difference between "good" and "unsatisfactory."

However that may be, I, not having his botanical and practical-pharmacy

knowledge and abilities, became well posted in the "unsatisfactories" before 1885. In justice to myself, it can be said that a fairly large acquaintance with the medical gentlemen of Indiana revealed others also dissatisfied with the difference between what they accomplished in healing the sick, and what they ought to be able to do if something or other could only be done or found out.

"God's providences" were being slowly circumscribed by "cleaning out" and "keeping clean" cities and countries, and securing pure air and water. Burggraeve first prominently taught what chemically - pure, solitary (or intelligently combined) active principles could do. Abbott shows what "cleaning out" and "keeping clean" the interior of members of the human race will accomplish. Combining the teachings of the two men "post-graduates" one, and the art has become a science, as immutable as other laws of God, and "enough-to-effect" is the cap stone. The differences in results will depend on one's mental grasp on these principles. Of course all are supposed to be equally well informed as to anatomy (gross and fine), physiology and pathology. On the last, the nihilist is particularly well posted, and as a "natural historian" he is superb.

When a gentleman recites experience that appears incredible, I understand not that he is a liar, but that his grasp in that line is better than mine. Take, for instance, calcium sulphide—aware of the "experienced certainty" as to the uncertain action of remedies, which in many will never be overcome—I hesitate to write my convictions as to its powers. It will *certainly* prevent, abort or cure

High altitude disturbs circulatory equilibrium, causing higher tension; organic heart diseases do badly.—Hadley.

Functional nervous maladies with insomnia do badly high up, when unstable nerves ascend altitudes suddenly.

scarlet fever, measles, diphtheria, small-pox, according to the stage of the disease in which its proper use it begun.

In a general way, I think, if the infecting microbe is albuminous, calcium sulphide is all powerful to destroy it; if it is a vegetable parasite, it will do nothing. Then arsenic, in some of its combinations, is equally potent.

For fear of imposing on your patience—good-bye. At some future time, sample cases of its reliability that never fails me, if you wish them.

C. S. PIXLEY.

Winnsboro, S. C.

—:o:—

More of course, Doctor! We are always glad to hear from the old war-horses, who have been in the heat of the fight for live, reliable, really scientific therapy for these many years. What changes we have seen in this score of years, since you and I commenced this work!

Calcium sulphide is indeed a wonderful remedy, one whose powers and possibilities are not half appreciated. We want you to report in detail, Doctor, those cases which have proven its efficiency.—ED.

THERAPEUTIC VERITIES.

It is refreshing to read, in these "degenerate days" of therapeutic nihilism, an article upon this subject, such as we find in the *Chicago Medical Recorder* from the pen of Dr. C. Reiterman. The doctor has no patience with the physician who says, with self-satisfied complacency, "The longer I practise medicine the less medicine I use." He thinks this attitude quite largely responsible for the

multiplication of the drugless methods of treating disease, as well as for the hold of quackery. As he says, "If we would hold the field against charlatans and fakirs we must produce results which they can not duplicate."

While there are still diseases which baffle our skill, Dr. Reiterman correctly states that the number of effective remedies is constantly increasing, while the number of incurable diseases is growing less. Even in the incurable diseases we can do much to relieve the patient and to prolong his life, and it should be added that many an incurable disease is compatible with a long and fairly comfortable career. It was, I believe, Holmes who said that, "There is no better guarantee of a long life than an incurable disease."

We quote the following paragraphs from the doctor's article:

I have no quarrel with the rider of a hobby, who might do worse and be ridden by the hobby, and who in either case is usually quite harmless; but I confess to becoming weary of, if not disgusted with, the host of infallible and indispensable therapeutic wonders, from suggestion to vibration, that are urged upon the modern physician as superior to the medicinal treatment of disease.

It would not be surprising if the young medico who reads the positive claims of such an array of marvelous therapeutic discoveries, should conclude that the ordinary methods of treatment by administering drugs, must be disappointing.

Occasionally we encounter people who stoutly deny that medicines exert any curative effect upon the body, explaining the apparent results following their administration by suggestion, or by the reaction of the body against the remedy, etc.

I think I read once of a proposition

Alcohol, opium and cocaine are found to be the ingredients upon which the pleasant action of most cure-alls depends.—Bopp,

Sprinkling with nitric acid by mistake for holy water cured a French woman on her supposed deathbed.—*Medical Student*.

made by a physician to a skeptic of this class that he would convince him of the power and reliability of medicines if he would allow him to test any one of three he would name on said skeptic hypodermically, agreeing to risk his reputation on the result of a single dose, which he might safely do, for he named pilocarpine nitrate, atropine sulphate and apomorphine hydrochlorate, and these are but a few of the many reliable and valuable remedies at the command of the intelligent physician.

The almost magical effects following the hypodermic administration of even moderate doses of morphine, atropine and strychnine, for example, in certain pulmonary or bronchial affections, or in cardiopathies in which they are indicated, should convince any sane mind of the efficacy of such remedies.

THEY TEACH THE USE OF ALKALOIDS.

Prof. Pfaff, of Harvard, says in his lectures, always to use the alkaloid if available, with a very few exceptions in which the different action of the crude drug may be desired. Your campaign, therefore, falls in with the teachings I have brought up on; particularly as I have found dispensing much better all around than prescribing. My patients don't get imposed upon by any unscrupulous druggist, nor burdened with an array of partly used prescriptions; and they get no chance to pass along prescriptions to friends who seem to have some similar ailment.

MALCOLM D. MILLER.

Boston, Mass.

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The alkaloidal idea has the endorsement of a very large proportion of the teachers of materia medica and pharmacology. If you examine the latest text-

books, such as those of Cushny and Sollman, you will find that the animal experiments which largely determine the physiological action of every drug are made with the alkaloids, never with their galenical preparations. Pharmacologists use digitalin not digitalis, strychnine not nux vomica, atropine not belladonna. If the use of these is necessary to obtain definite, measurable effects in dogs, rabbits and guinea pigs, why should they not be used when really reliable therapeutic effects are desired in man? We have long been awaiting an answer.—Ed.

RIGHT LIVING FOR THE PHYSICIAN.

Dr. John C. Sanders, Emeritus Professor of Obstetrics, Cleveland Homeopathic Medical College, calls attention to the absolute necessity for right living on the part of the medical man or woman. The physician must be healthy himself in order to understand and properly treat the ills of others. "There is," says Dr. Sanders, "an indefinable conservative magnetism in the personality of a healthy physician which inspires confidence and kindles faith on the part of those to whom he ministers." To maintain this health the writer recommends briefly, "temperance and judiciousness in all things," and he especially calls attention to the absolute necessity for a proper amount of sleep. "To give yourself less sleep than is essential under any pretext," he says, "is mortgaging your future, a mortgage never cancelled except by death."

The temperate and judicious use of the sexual instinct is also insisted upon. The physician himself must be chaste.

Judged by their report the Idaho Medical Society knew absolutely nothing of the treatment of gallstones except surgery.

Strictly scientific, the Washington Medical Society discussed arteriosclerosis without alluding to treatment.

Perhaps those who have spent time and thought over the matter, may find help in Dr. Sanders' concluding remarks. How then can medical men and women temperately and judiciously use these instincts?

Only by limiting, religiously limiting the relations of the opposite sexes to the spheres of pure friendship and tender and holy affection up to the time of the married relationship. Prior to this consummation, sexual intercourse is opposed to the laws of God, and for the latter reason is unavoidably compromising to health of body, and demoralizing to the spiritual nature.

Incident to and subsequent to the married relation, the temperate and judicious use of this instinct can safely and only safely be regulated by a just and lofty conception of woman's higher and better nature. Here, use should never degenerate into abuse—for as Longfellow has beautifully written, "Even woman in her deepest degradation holds something sacred; something undefiled; some precious keepsake of her higher and better nature; and like a diamond in the dark, still retains some quenchless gleams of the celestial fire!"

DIPHThERIA NOT "MEMBRANOUS CROUP."

Since I reported a case of "membranous croup" and the failure of iodized calcium, in it I have ascertained I was mistaken in the diagnosis. It was certainly diphtheria. Another child of the same household contracted the disease, and, upon close investigation, it was found to be diphtheria. The first case when seen was coughing, with the stridulous sound of croup. It was an

insidious attack, coming on for a week, not evincing anything serious or dangerous until the day which I was summoned to see it. The child died the following night—only lived a few hours.

The next child, which was about five or six years old, had at first chill and fever, and was treated for that. The fever, though light, hung on, the cold growing a little worse, yet it did not appear seriously sick. But its nose became inflamed and ulcerated and a seropurulent discharge ran from it. When I examined the tonsils, there was a white membrane on each one, but there was none of the characteristic barking cough of croup.

I gave calcium sulphide and sprayed the throat with peroxide of hydrogen and it grew better under the treatment, but so soon as I could procure diphtheric antitoxin it was administered hypodermically with permanent relief, in a short while. I have not given you a complete history of the treatment instituted in the last case—only mentioned the principal treatment.

I am very glad to make this correction.

A. E. WALL.

Ireland, Miss.

—:o:—

We note with great satisfaction the proof that diphtheria existed in the case you reported. We thought so at the time—not that we consider it *impossible* for calx iodata to fail, but reports of failure are very unusual. Given properly and early in the case *it will cut short croup*. We take pleasure in publishing your communication and only regret that you did not give the treatment *in extenso*.—Ed.

When both vagi are suddenly compressed a man simply drops and becomes unconscious—a mode of anesthetizing.—Brunton.

Pneumonia: Used creosote in 5 cases; in all I thought the disease was shortened. Stokes and Wells, U. S. N. advocate it.—Newth.

AMONG THE BOOKS

REID'S HEREDITY.

The Principles of Heredity with some Applications, by G. Archdale Reid, M. B., F. R. S. E. New York, E. P. Dutton & Co., 1905. \$3.50.

This book is not light reading for the average of us. In 545 sections on 352 pages, the author strives to define and prove the facts of heredity by the theory of theories comprising what is known as evolution. In this endeavor the author recounts and discusses many deeply interesting facts and thoughts, which, whether we take the author's view of them or not, will always be valuable enough to have them collected in one book. Even if we should hazard present scientific excommunication and dare express our disbelief in evolution, as now understood, this would not diminish our belief in the *facts* of heredity, for facts are facts, and theory—well, the German has it: *Grav ist alle Theorie*, "Gray is all theory," and you may take it in praise or blame. If you are a thinking physician, buy this book.

OSLER'S PRACTICE OF MEDICINE.

The sixth edition of William Osler's Principles and Practice of Medicine, is not merely another late edition of the book, republished so many times since 1892. Osler has the rare faculty of saying much in comparatively few words, yet perspicuously enough and suggesting further thought. It is owing to this that he was able to treat 473 affections, more or less, in 1,114 pages, though closely and economically printed. That we have in this volume the latest known and the old-

est ascertained facts in medicine goes without saying, though we may except therapeutics, in which other great men do neither abound. But every complaint on this score aside, let us take this book as Osler's parting gift to this country, and let us take this occasion to bid him God speed in his endeavor to serve humanity in the future, as he has so well done in the past. Publishers, D. Appleton & Co., New York and London, 1905. \$5.50.

GIBBONS' DISEASES OF THE EYE.

The Eye, Its Refraction and Diseases, by Edward E. Gibbons, M. D., is Vol. 2, to a book of the same title, published last year, of the same peculiar size and style, and complete in itself. This volume treats of diseases and operations upon the eyeball and its addenda. Like the volume of last year it is thorough and yet not prolix, and the two volumes together constitute a fine thesaurus of ophthalmology. Published by The Macmillan Company, New York, 1905. \$5.00.

ANDERS' PRACTICE OF MEDICINE.

The Practice of Medicine, by James M. Anders, M. D., Ph. D., LL. D. Illustrated, seventh edition, thoroughly revised, W. B. Saunders & Co., Philadelphia and London, 1905. \$5.00.

Dr. Anders' book contains, as it always has, the latest, most practical and reliable on medical practice. Teachers who have recommended the book to their pupils since its first appearance in 1897, in its first and various subsequent editions, will find sufficient reason to continue the same recom-

mentation to their pupils in 1905. Numerous new subjects have been introduced, among them Rocky Mountain Spotted Fever, Splanchnoptosis, Myasthenia Gravis, and much interesting matter on tropical diseases, and on diagnosis. Dr. Anders is particularly strong on treatment.

WOOD'S THERAPEUTICS.

Wood's Therapeutics, Its Principles and Practice, is out in its twelfth edition, thoroughly revised and adapted to the eighth (1905) edition of the U. S. Pharmacopeia, by Horatio C. Wood and Horatio C. Wood, Jr. This book's recommendation is, that it needs none. We may differ from the author as much as any non-routine practitioner always will, yet we do not think it safe to say much about anything in therapeutics without first finding out "what Wood says about it." Publishers, J. B. Lippincott Company, Philadelphia and London, 1905, \$5.00.

CUNNINGHAM'S ANATOMY.

It is but in the November CLINIC that we reviewed Cunningham's Text-Book of Anatomy, and now there is at hand a second edition of it. This is owing to the fact that the first edition appeared three years ago and did not reach our desk till last month. We would ask our readers to refer to page 1186 of the November CLINIC and see what we said then about this new book on Anatomy.

In this second edition changes and additions are made in Embryology, Joints, Muscles, Brain, Spinal Cord, Genitourinary organs, Lymphatics, and Applied

Anatomy, bringing up our knowledge to August, 1905. We cannot say too much in praise of this new work on the basic study of our profession. Published by William Wood & Co., New York, 1905. \$6.00 in extra cloth.

In connection with the above, the publishers issue a *Dissecting Manual Based on Cunningham's Anatomy*, by W. A. Rockwell, Jr., M. D., 1905. \$2.00. We consider this idea an excellent help in the study of Anatomy.

GRAY'S ANATOMY.

Anatomy Descriptive and Surgical, by Henry Gray, F. R. S. New American Edition by Chalmers Da Costa, M. D., of Jefferson Medical College. Illustrated with 1,132 elaborate engravings. Lea Bros. & Company, Philadelphia and New York, 1905. \$6, cloth.

In the fifty years of the existence of Gray's Anatomy, there have been many new discoveries in human anatomy, and much material from embryology and histology has been added, both for reference and teaching, beyond what Gray's early editions contained. But the publishers both in England and America have kept up with these accumulations, to incorporate which in renewed editions they have engaged the masters of the subject as editors, and so the book has always commanded and still commands, at the present time, the esteem and confidence of the profession and its teaching facilities, and the satisfaction which is so pleasant to entertain with an old and faithful friend. If the publishers continue to keep this friend up to date as in this edition it will be a hard task

Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs.—Billings, *J. A. M. A.*

The art of prescribing, preferably single remedies or in simple combination, and when not to rely on drugs.—Billings, *J. A. M. A.*

for any other ever so good an anatomy to displace old, reliable, friend Gray!

TAYLOR'S SEXUAL DISORDERS.

A Practical Treatise on Sexual Disorders in the Male and Female. By Robert W. Taylor, A. M., M. D., of the College of Physicians and Surgeons, Columbia University, New York. Third Edition, Lea Bros. & Co., Philadelphia and New York, 1905. \$3.00 net.

This book claims (and sustains the claim) to give to the profession a scientific, thorough and practical account of the many-sided and ever-important subject of which the author treats. He is well qualified to do this not only as a learned physician, but, moreover, as a searchingly observant one, who for many years has had unlimited clinical material and the means to pursue his studies. This is a most valuable volume for the up-to-date practitioner.

SIMON'S CHEMISTRY.

Manual of Chemistry, a Guide to Lectures and Laboratory Work for beginners, specially adapted for students of Medicine, Pharmacy and Dentistry, by W. Simon, Ph. D., M. D., of the College of Physicians and Surgeons in Baltimore, etc., etc. Eighth thoroughly revised edition. Lea Bros. & Company, Philadelphia and New York, 1905, \$3.

We have much reason to be highly gratified with this Manual of Chemistry, its thorough text, which has been modernized to keep pace with this rapidly advancing science, and its exquisite colored plates of

inorganic and organic compounds and reactions, as well as its numerous other illustrations. As devoted alkaloidotherapists we are specially gratified with the exhaustive section on alkaloids. Grateful also are we for the correct spelling of the alkaloid nomenclature from which some good erring men have unnecessarily departed.

The volume leaves nothing untreated of what is good in the past and what is new, good and important in the accumulating discoveries of the present.

We beg leave to ask the author, whether he means to assert, that acidified water (p 71) is always acidified with H_2SO_4 ?

PROGRESSIVE MEDICINE.

Progressive Medicine, Number 4, Vol. VII., for December, 1905, is one of the best numbers we have had the pleasure of reviewing, and is the only one we saved from all the quarterlies and annuals which were burned in the great fire we had November 9, 1905.

For the busy general practitioner, who is in duty bound to keep up with the progress of his profession, to eliminate the useless, to keep some accepted things yet *sub judice*, to hear of some new remedy or procedure, or of old ones revived in favor, this volume of the indispensable quarterly will prove a boon.

And of all the articles that will most interest and profit the reader of this volume, we dare affirm that none will exceed the one of the Practical Therapeutic Referendum. Perhaps we are prejudiced because therapeutics is with us not merely ornamental and auxiliary

Nephritis from salicylic acid does not cease when the drug is continued, even in small doses.—Quenstedt.

Psoriasis: Shoemaker advised arsenic, strychnine and HCl internally, salicylic acid and oil of cade locally.—*Med. Bull.*

AMONG THE BOOKS.

but a fundamental faith. While nothing appertaining to medicine ever can fail to interest us, nothing interests us more in medicine than Therapeutics, and therefore we recommend the volume before us most urgently.

NOTHNAGEL'S PRACTICE.

Nothnagel's Practice. Diseases of the Blood by Professor P. Ehrlich and K. von Noorden, and Drs. A. Lazarus and F. Pinkus. Edited with additions by Prof. A. Stenzel of the University of Pennsylvania. W. B. Saunders & Company, Philadelphia and London, 1905. \$6.

In the eleven volumes of this great monumental collective work by the late lamented Nothnagel there is not one of greater importance than the present one on The Blood. There has always been learned and popular talk about the diseases of the blood, but wherein these consisted, and how to meet their indications rationally and practically is the work of recent years. And the results so far as attained are collected in this volume written in Germany by men whom Nothnagel found fitted for the various parts of the subject, and our own Dr. A. Stengel, duly supplements them in this American edition of the great work.

CALLING LISTS FOR 1906.

The Physicians Protective Accountant, a pocket account book and visiting list, will be issued for 1906 in just the perfect form which the physician has so long desired. The twelve monthly sections are each of the right size for the

pocket and each section represents the month's work clearly and concisely. This is the only strictly legal pocket visiting list and business record offered to the doctor and with the ledger of monthly balances forms an ideal system of book-keeping for the busy physician. Nothing theoretical, nothing experimental.

Some day you may be called into court to compel some recalcitrant patient to pay his bill; and then you will realize the importance of having a case-book that can be presented as legal evidence. Price complete for twelve visiting lists, monthly section and ledger of monthly balances with elegant leather case, is two dollars. Published by The Clinic Publishing Company.

The Medical Record Visiting List for 1906 contains a complete Dose Table (apothecaries and metric measures) an obstetric chart, suggestions for emergencies, hints on will writing and much other invaluable information of the kind often needed and with difficulty found. It is for thirty patients per week. It is in flexible cover with pocket for blanks and pencil. The price is \$1.25. Wm. Wood & Co., New York.

P. Blakiston's Son and Company of Philadelphia, issue their 55th yearly edition of The Physician's Visiting List for 1906, with all the conveniences for entering memoranda as well as lists and tables of items of practice to be handily referred to. Price \$1.00 for twenty-five patients a week, and prices in proportion for larger books, up to one hundred patients a week.

Whatever its original cause, cancer's immediate onset seems occasioned by a definite physical condition.—Bond, *Md. M. J.*

How long would a labor union last whose sole object was training members to do better service?—Martin, *Med. Era.*

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES

QUERY 4897:—"Hypnotic Action of Apomorphine; The Use of the Hypodermic Syringe." Can you explain? A child, four years old, presented a case of green apples, green corn, cucumbers, peanuts, and convulsions late one night. I gave various enemas which operated well, but with no remedial effect. Then I gave a hypodermic of gr. 1-20 of *green* apomorphine which I have used occasionally since. I bought it two years ago. The child went to sleep almost immediately without vomiting at all, and slept fairly well all night. The next day he was much better and none the worse for the apomorphine.

H. F. C., Massachusetts.

In this case you obtained the hypnotic effect of apomorphine instead of the emetic. This is not unusual. The emetic effect would have followed had you given "dose enough" and, as you know, "dose enough" varies according to the circumstances and individual. In this case we would have emptied that child's stomach if we had to give three times the ordinary dosage, though we would have *first* given some simpler emetic. The enema was good, but you should have followed with a brisk cathartic to clear out the middle part of the intestinal tract. You see vomiting will empty the stomach, and enemas will empty the lower bowel, but a great deal of unpleasant and objectionable material can remain in the central portion of the intestinal canal, and only a smart purgative can effect this. Do not fail to test apomorphine again, Doctor, in full doses and you will find that prompt emesis will follow, and

do not forget that apomorphine in small doses is often a most excellent hypnotic.

As regards the use of the hypodermic syringe, we believe in giving hypodermic medication when the necessity arises, but we do not like to see a man fly to the syringe on the slightest provocation; more especially do we dislike to see this when he uses morphine or opium salts of any kind to relieve pain, etc. There are only a few drugs that can be given hypodermically successfully and, when *they* are indicated, the syringe should be used boldly and promptly, but as a rule such pronounced systemic effect is not desired, and we can get better results by exhibiting small doses at frequent intervals by the month.—Ed.

QUERY 4898:—"Straightening Crooked Noses, etc. Please enlighten me as to how crooked noses are made straight, wrinkles are made to disappear, protruding ears are drawn back and kept there, etc., etc. I notice many who are getting excellent results. Kindly refer me to a work on the subjects, or a school where such matters are taught.

A. E. E. Pennsylvania.

Plastic surgery is to-day a "fine art," and the surgeon who corrects facial and other deformities, operates according to the necessities of the cases. For instance, paraffin is injected under the skin to fill up saddle-noses, moulded while soft to the proper contour, and then held in place until it sets. A too prominent proboscis (of the "Roman type," for in-

stance) is sawed or filed down after a skin incision has been made. Crooked noses are broken and reset, and protruding ears are treated by cutting away semi-circular spaces from the back of the ear and adjacent skull surface, and bringing these together until healing takes place. Wrinkles are removed by making an incision under the jaw or in some hidden spot, removing a strip of skin and bringing the edges together, thus causing tension and obliterating the wrinkles. It is all easy enough if you once grasp the idea, and are prepared to cut and chisel and gauge and file and otherwise maltreat the human countenance to suit the whims of those who consider themselves ugly and have the money to pay for being made handsome.—Ed.

QUERY 4899:—"A New Local Anesthetic." I have been using cocaine as a local anesthetic, but would like to have something more in accord with the progress of the times. There are some with whom it is hardly a success. Please let me know what you can do.

V. B. L., Arizona.

Cocaine is perhaps the *most* useful local anesthetic, but it is toxic. Beta-eucaine is almost as efficacious and less toxic. Nirvanin is a good local anesthetic, not remarkably toxic in its action; in fact, practically non-toxic. Stovain is the latest applicant for favor, and many flattering reports have been published relative to this drug. The writer has not tried it. Necessarily the local anesthetic of choice depends upon the part affected, and the effect we desire to obtain. We can get local anesthesia by infiltrating the tissues with normal saline solution, or with a solution of morphine, cocaine, and sodium chloride, the cocaine being

present in very small proportions. You will find the local anesthesia tablet (Schleich) made by most manufacturing pharmacists for solution purposes an excellent formula. If you will give us some idea as to just what you desire to do, we may be able to help you further. Ethyl chloride, which is applied as a spray from a glass container, freezes the parts and allows extensive cutting without pain. The writer within twenty-four hours opened an extensive carbuncle of the abdominal walls under ethyl chloride anesthesia. The patient was practically unaware of the passage of the knife.—Ed.

QUERY 4900:—"Myocarditis: Cardiac Hypertrophy." Male, aged about 40, farmer; a few years ago began to have attacks of "short-breath" and pain over the abdomen. The trouble is chronic myocarditis with heart enlarged. No dropsy, has broken compensation and regular beats, great dyspnea, nervousness and insomnia—insomuch that morphine hardly has any effect. Is up and around, indeed it is hardly possible to keep him in bed. Appetite good. I have used various heart tonics, but the only thing that does any good is *crataegus oxyacantha* (gtt. 15) combined with normal tincture *passiflora incarnata*, four times a day, with 1-30 grain strychnine sulphate. Other heart tonics do no good. This combination made wonderful improvement. Of course, I know that I cannot cure the case, but I want to help him as much as possible. He does no work, only walks around and "takes things easy." I also am giving him triple arsenates with nuclein, two tablets three or four times a day.

Could you offer anything better? Would dieting be of any benefit? I look after his bowels and stomach. He would feel pretty good if he could sleep better.

S. D. S., Minnesota.

Too many "made in Germany" specifics are shoved under our noses. Most of them we could easily do without.—Billings, J. A. M. A.

Pharmacology and therapeutics are neglected relatively by many medical schools—one cause of nostrum evil.—Billings, J. A. M. A.

This case will, of course, require rest, highly nitrogenous diet, restriction of liquids and graduated exercises. Interstitial or parenchymatous myocarditis may exist and it is not always easy to make a positive diagnosis as to which type of disease we are dealing with. The former usually occurs in those of rheumatic tendency with pericarditis or endocarditis. Obstruction of the coronary artery may cause fibrous patches and sudden death may occur. The dyspnea and insomnia are not good symptoms. *Small* doses of mercury are imperative to prevent high tension and we would strongly suggest that you push strychnine. We must always bear in mind the probability of round-cell infiltration, softening, aneurism and sudden end, though if this stage has passed, and fibrous tissue has formed, the danger is not as imminent. However, fatty degeneration is still to be feared. If syphilis can be positively excluded then it would be well to look up the history and find the origin, if possible. Perhaps cactin, in increasing doses (with strychnine as alternant), will prove the best medication, using calx iodata freely. This should be more useful than potass. iodide. Keep up elimination and give papayotin to insure digestion. Arsenic iodide may be given for a time and then dropped for a period and resumed. The prognosis is unfavorable.—Ed.

QUERY 4901:—"Dementia Following Typhoid."—Patient had typhoid fever lasting four weeks. No ugly symptoms except bowel trouble. Used your intestinal antiseptic—of course! Three weeks since her fever subsided. In a few days afterwards she showed a loss of memory. A few days later began to complain of pain in legs. Now the flesh up to the hips is so very sore she cannot use

the legs at all. A little strange she has never developed any appetite. She eats now what is offered her and her digestion is very fair. Bowels constipated. Does not sleep without aid of sleeping potion.

Her mind like this: Has no idea an hour after eating what she had at the meal. I go there and remain an hour. Should I go out of the room and return she will speak to me as though I had not been there at all, although absent but a few minutes.

I think her case one of nervous prostration and neuritis. She was not delirious at any time during illness—and had a mild attack. Was a stout woman probably weighing 180 pounds when taken ill. Tongue normal; no tympanites; pulse now 120 per minute.

I have been giving triple arsenates with nuclein. This is a case I am doubly interested in and would like a reply.

W. L. W., Mississippi.

In this case, doctor, you have something of great interest. Acute febrile diseases may be followed by psychoses due either to destructive tissue change or slow reestablishment of nutritional processes. They may develop from the crisis, follow the subsidence of the symptoms, or manifest themselves some time after presumed recovery. Those set up during the height of the disease may be due to thrombosis, pigment embolism or capillary hemorrhages due to degeneration of the vessel walls. Later, the obstruction to the removal of waste matter from the brain, or its disturbed nutrition resulting from tissue changes, or the action of toxins upon the centers, may cause low grades of dementia or marked insanity. Buhl says that loss of fat plays an important part here. Atrophy of the brain often results. In this case the metabolic disturbances with retention of waste matter will account for the con-

Altruism would be a good doctrine if everybody practised it; everyone else out for No. 1, the altruistic doctor is left.—*Med. Era*.

The drug trust overcharged the American public \$96,000,000 in a year? Utter absurdity? Baseless mendacity!—*Nat. Druggist*.

dition. The mental weakness may last for months or gradually assume the form of true dementia. Recovery is the rule, however. *Eliminate* here, doctor, and "feed" the nerves. Salines daily; boldine, chimaphilin, rumicin and xanthoxylin, alternated from time to time, in full doses. Very small doses of calomel and iridin every hour every other night. Strychnine and phosphorus (the compound granule) one every four hours and neuro-lecithin, one, t. i. d. Baths—full, salt, sponge and epsom salt—with alcohol rub and "towelng." Light, nutritious food, digestants, fresh air and light. Watch the case and meet each condition as it arises. We request that you will report progress.—Ed.

QUERY 4902:—"Deafness Following Parotitis."—I have a patient who has just had a case of mumps; both parotid glands affected. After about ten days he became suddenly deaf in both ears and remains so. Complaints of dizziness and roaring "in his head—nothing but the above disturbance. Will you be so kind as to give me the best treatment and what do you think as to the prognosis in the case?"

J. N. S., Indian Territory.

Deafness is not an infrequent sequel of parotitis and is a symptom, as a rule, of serious middle ear disorder. Quite frequently otitis media following parotitis is accompanied by an affection of the auditory nerve and proves absolutely rebellious. Politzerization is frequently attempted and quite often proves more harmful than beneficial. We would strongly urge you to put this patient in the hands of a competent aurist, for, unless you are unusually skilful in treating diseases of the ear you may be quite sure your efforts will be unattended with

success. You may give calx iodata, however, in fairly full doses. Keep the ear clean with warm alkaline solutions and drop into the external auditory canal two to three minims of mullein oil which can be obtained from any good homeopathic supply house. Catarrh must, of course, be treated, if present.—Ed.

QUERY 4903:—"A Hypochondriac?" I have a case just now that I don't enjoy. A widow, fifty-eight years old, has, I think, hysteria and complains of impossible pains, palpitations, sinking spells, nausea, constipation. Says her bowels will "shake and churn up" and down, her back in the subscapular region will palpitate, and the good Lord knows what she don't complain of. She is well nourished and looks as well as any person, excepting dark crescents under her eyes and a complexion that is a little sallow. I have given her nerve tonics, nerve sedatives, cholagogues, digestants, but she keeps on complaining. I took her to a hospital for an imaginary operation, hoping, after that, the rectal trouble she complained of (which the surgeon and myself argued was imaginary) would disappear and that she would believe herself cured. But she complains of the palpitations in all parts of her body and even in her legs. Now, if you can suggest a line of alkaloidal treatment for her I should be very much obliged.

F. W. S., New York.

First of all, give this woman a good course of hepatic alteratives and eliminants: calomel, podophyllin and leptandrin, gr. 1-6 each, half-hourly for four doses, every third night for two weeks; a good saline draught the next morning. Every four hours scutellarin three granules, cypripedin three, camphor monobromated one grain. Before meals, as tonic alteratives, juglandin, quassin, zinc oxide and strychnine. Use *suggestion*; tell her

Out of 697 cases of injury from drugs reported in four months only two were chargeable to careless druggists.—*Nat. Druggist*.

Cysts occur anywhere in the breast; scirrhous tumors are almost always between the nipple and axilla.—Abbe.

that you are going to put her on "a very potent treatment;" that she will have active elimination (and she will!), that the debris and morbid material which has been poisoning her system for so long will be gotten rid of and that the persistent tonic treatment you are going to give her will speedily put an end to her troubles—and *they will*. At the same time, give her nourishing food; have her take a cold salt sponge bath twice a week and insist upon at least a two miles' walk every day. But keep a lookout for some *real* organic disorder—especially watch the uterus and liver.—Ed.

QUERY 4904:—"Trichinosis." I have a suspected case of trichinosis and am anxious to have a specimen of blood examined. Could you have this done for me, and would you direct me how to take the blood specimen? I sent one to Cleveland with a cover glass, and they replied that the blood had caked, making it impossible to stain the specimen. Should I use a cover glass? Also could you inform me as to what are the blood cells known as the eosinophiles.

J. R. O., Ohio.

It would be entirely unsatisfactory to examine for trichina. With such a small amount of blood as you have to work with you would probably not find them. It is necessary to examine the blood promptly and a considerable quantity is necessary. The eosinophiles are leucocytes which take the eosin stain readily. You must bear in mind, Doctor, that trichinosis cannot be diagnosed upon the blood findings alone; the detection of the embryo in the muscle tissue being the only really satisfactory proof. Leucocytosis is not an uncommon symptom, but it is not a constant one, the hemo-

globin may fall from 75 to 50 per cent, but, when the infection is severe, the erythrocytes are markedly reduced from the sixth to the tenth week; infection usually causes eosinophilin to develop and it continues for weeks and months. The feces may contain adult trichina. The most favorable point for finding the trichina is the outer edge of the gastrocnemius or the tendinous portion of the soleus. Cleanse the skin as for any surgical operation, inject a few drops of a 4 per cent solution of cocaine into the deeper structures and in five minutes anesthesia will be complete. Make an incision over the tendinous portion of the muscle, grasp the sheath with a rat tooth forceps, and make incision. Keep the sheath separated by traction with two pairs of forceps and dissect away a small piece of muscle tissue. Place the bit of muscle tissue in a glass containing warm water. The specimen is now ready for microscopical examination.

For technique see any good work on Clinical Diagnosis. You will find Boston "Text Book of Clinical Diagnosis," (W. B. Saunders & Company,) very complete, simple and satisfactory.—Ed.

QUERY 4905:—"An Obscure Neurosis." I have a case on hand which has been a puzzler to the doctors of this section and which has now come under my care. Boy, age fifteen months. Father and mother living and well. Mother was very wakeful nights while carrying the child, otherwise in good health. No taint of venereal disease so far as I have found out. One sister died of cholera infantum when two years old. When the sister was six months old she had "spells" in which she would fold her arms across the abdomen and strain, or sometimes she would lean across a chair or a pillow.

There is a time to give and a time to withhold, but cut-and-dried science fails to teach us when.—N. Y. M. J.

See eds in N. Y. & P. Med. Jour. for Dec. 2. Somebody begins to sit up and take notice in that vicinity.

This persisted for six months or more, when she had what, I think, from the description, was anterior poliomyelitis. The right leg never recovered strength.

The patient is now fifteen months old. His appetite is good, the bowels are regular, urine normal, heart and lungs normal, no tenderness along the spine nor in the abdomen. He has always been very wakeful nights. Will start right up out of sleep and climb up at the foot of the cot. He has had the straining spells similar to his sister for some months. He does not appear to be in any pain at these times, and if his attention is diverted, will stop, to resume again when left alone. One doctor has treated him for worms, another for "urinary trouble" without benefit. The foreskin was turned back and a lot of smegma removed, since then he has not been so bad, but still has the straining spells and is just as wakeful at night.

I have only seen him once and gave the following treatment beside cleaning out the prepuce: Neutralizing cordial gtt. 30, before eating, infants' anodyne, granule, one at six, two at eight p. m., nuclein, gtt. 2 three times daily.

A. F. W., New York.

There are no distinct symptoms of chorea, epilepsy or disease of the cord or brain. The case is a peculiar one. Dilate the sphincter ani; look up the frenum and clip it if there is tension. Regulate diet carefully and note the stools—see if digestion is perfect. Now, doctor, make sure that there are not worms—give enough *santonin* and *calomel* to find out. Test the reflexes—superficial and deep. Note condition of pupils; examine the nares. It is just possible that you may find the entire trouble due to a very slight abnormality. After correcting any thing needing attention and ordering light diet, give this child *scutellarin*, *cyripedin* and *avenin* of each two

granules three times a day. Have the bowel washed out every second day and give *papayotin*, two granules, after each meal. Make up a solution of the cal-mative for children (*hyoscyamine amor.*, gr. 1-500; *ol. cajeput*, gr. 1-67; *ol. anise*, gr. 1-67; *menthol*, gr. 1-67; *camphor monobromate*, gr. 1-67; *scutellarin*, gr. 1-32. Make your solution so that one teaspoonful (sweetened with *saccharin*) will contain half a tablet; to this add *con. tr. passiflora incarnata* (gtt. 5 to above dose) and order the amount stated one hour prior to bedtime *repeated* if any sign of trouble. *Nuclein* four drops twice daily—morning and night.—Ed.

QUERY 4906:—"Diphtheria or Edema Glottidis?" I saw a thirteen-months-old child yesterday morning who had laryngeal diphtheria, according to my diagnosis (but I did not believe it was diphtheria for some time after my arrival, thinking it was catarrhal laryngitis). I at once administered calcium sulphide, then ordered calcium iodized, fearing diphtheria; second order, antitoxin. In diphtheria, where alarming symptoms are present, it appears that the earlier the system is saturated with calcium sulphide the better. Please tell me how often you could give this preparation (grain 1-6) with safety? I know what some claim in regard to the saturation in twenty-four hours, but my patient was dead in three hours after I saw it. I gave four doses of the sulphide in three hours. Cyanosis and breathing became better. I gave three doses of *calx iodata* and, thinking it was too late, did *not* give antitoxin. Could have given it one hour and fifteen minutes before death. Does calcium iodized interfere? I understand it is not indicated in diphtheria, but being doubtful thought perhaps it would be helpful. Would *you* have given anti-

Deformity occurs often enough to make pelvimetry a practical part of examination of pregnant women.—Davis, *J. A. M. A.*

Sillier says the heroine habit is worse than morphine, harder to stop, more dangerous to stop or to continue.—*N. Y. M. J.*

toxin? This is my second case of late, both being somewhat peculiar. The first recovered under calcium sulphide. I gave other things, but the sulphide did the work. It may be the "peculiarity" of these cases lies in my being a young practitioner of a few months. Both cases were sporadic.

C. M. R., Kentucky.

This is an important and interesting subject. Calcium sulphide may be given half a grain every ten minutes if necessary or even a grain every fifteen to thirty minutes. The dosage and frequency of exhibition must be governed by the emergency of the case. Calx iodata does not interfere in any way with the action of calcium sulphide. While calx iodata is not the remedy for diphtheria it is certainly of use if given upon a dry tongue and swallowed slowly. This was a case in which antitoxin should have been given instantly if only for your own protection. Are you quite sure that this *was* diphtheria? Did you have a swabbing from the throat examined? This may have been edema glottidis. Unfortunately you do not give us enough facts to base an opinion upon. We gather from your letter that you only saw the child three hours before death. It is quite evident, therefore, either that diphtheria was far advanced or the disease was of another character. The cyanosis and difficult breathing you speak of may have been caused by edema glottidis. You do not state whether diphtheritic membrane was present in the nares or pharynx; neither do you give any history of temperature, prodromal symptoms, etc. What local treatment did you use, Doctor, and why did you not intubate or do a tracheotomy? Always be prepared to do either one of

these operations. Many a little life goes out for want of prompt intubation. It is quite evident to us that you had a difficult proposition to handle and now that it is all over the thing to do is to review the circumstances and find out whether you did just the best thing or whether you left undone things which might have changed the course of the case.—Ed.

QUERY 4907:—"Nuclein and Lecithin in Neurasthenia." Is nuclein contraindicated in neuralgia or neuritis? I have a case of neurasthenia for which I would be glad for any suggestions. Woman about twenty-eight years old, married, three children. Has been in declining health for several years. She is a business woman and so has broken down her health which was never robust. A month or two ago she showed symptoms of incipient phthisis with cough, fever, hectic in type, some night sweats, anorexia and asthma. With rest, tonics and eliminants and forced feeding these symptoms have improved. Just now there is much tenderness along the back and spine with aching up to shoulders and neck to head. The aching in back is a constant feature, but there are acute attacks at times which involve different parts, shooting pains through chest, shoulders, arms and legs and head which aches at such times, of course, nervous and irritable. Physical signs did not show tuberculosis, sputum negative. She has had triple arsenates, nuclein and lecithin, salithia, creosote and guaiacol, cod liver oil, egg and milk, graham bread, butter and cereals with ferro-somatoses up to her digestive capacity. There are attacks of nausea and acidity at times. Am using sodium sulphocarbolate after meals—two five-grain tablets. Have used the digestive granules before meals, but believe that the quassin in them promotes acidity. Now, is the neuralgia and spinal irritation due to nuclein, lecithin or deficient elimination? Elimination

Græco-Italian, Celtic and Teuton converge to reestablish on American soil the Aryan stock in its purity.—Reed, *Md. M. J.*

In fecal obstruction small doses of atropine by stimulating peristalsis may prove of value if due to atony.—*Med. Standard.*

falls too low, sometimes. Strychnine does not agree with her, it seems, so have used cactin alone for pulse which is slow and weak. Her color is good, she has not lost much weight, but is asthenic and the neuralgic attacks weaken her. Urine is normal. What would you suggest to increase appetite and stop the neuralgia? Would you continue nuclein, lecithin or strychnine? Would macrotin relieve the backache? Since nuclein increases uric acid, I have thought it aggravated the trouble in this and some other cases I have observed. Please give me such suggestions as you think proper.

L. W., Iowa.

Nuclein is decidedly *not* contraindicated in neuralgia or neurasthenic conditions. Lecithin is essential to nerve repair, this substance being normally present in constant amount in the medullated sheaths, no matter how great the nerve waste? That its absence (or diminution) is noted in those subjects who have died from severe nervous disease (tabes, epilepsy, etc.) is an evidence of its importance to the normal neuron. The prompt improvement manifested when neuro-lecithin is exhibited to the "nervous" case adds to the evidence. The fact that nuclein causes the symbolic processes to be stimulated necessitates greater waste production—if elimination, therefore, is not very complete retention of toxic matter occurs and the patient suffers. Keep up free and full elimination throughout, doctor; skin, kidneys and bowel must all do their work—and do it *well*. Quassin cannot act in the way you suggest, but you may give here quinine hydroferrocyanide, brucine and juglandin before meals with good results. Sumbul with cypripedin and scutellarin will do the rest—provided, that is, that you "keep clean" the digestive

tract and the system generally. Give nuclein one day, lecithin the next—morning and night.—Ed.

QUERY 4908:—"Infantile Indigestion." Mrs. M. was confined October 11, second child, male. Her health is fair but she was unable to nurse the babe and has been trying to raise it by feeding from bottle, but so far we have been unable to find any food that agrees with it. Large quantities of undigested food pass from bowels with every evacuation—and they are quite frequent, from six to ten passages, each twenty-four hours. The discharges are very irritating and the babe's parts, for two or three inches around anus are at this time almost raw and have been nearly as bad for some time; *chafed*, ever since birth, almost, and all cleanliness is exercised, too. We have tried a number of prepared foods, but none seems to agree with the babe. At birth the babe weighed nine and one-half pounds, now about eight. Has had thrush very severely, but that is some better. Complains a great deal after bowels move, until changed, and the use of water, when "changing" him, causes him to almost scream with pain. Have tried various local treatment, but none seem to do much good. Of course, the cause is still acting. If you can aid me any from this imperfect description of the case I would thank you very much. Aside from the indigestion and assimilation the child seems all right.

C. R. H., Illinois.

The best thing to do is to feed this child upon *predigested* cereals, albumin water (the white of an egg stirred slowly into a half-pint of previously-boiled water, sweetened with saccharin, and barley water with beef juice. We suggest that you use cereo as a digestant; it is added to the cereal food and rendered it almost immediately fit for assimilation. Cut off all *milk*, pro tem, add-

The bite of a girl will bring a quicker and more horrible death than the bite of a serpent.—Miller, *Med. Standard*.

Mild caustics like silver nitrate applied to warts of elderly persons often stimulate into epitheliomata.—*Med. Standard*.

ing a little cream, later on, to the barley water or predigested gruel. Keep the mouth cleansed with a weak solution of boric acid and calendula. The menthol compound tablet (one to sixteen ounces of water) is a good formula, and, to this, you may add a good preparation of *Calendula officinalis*, one part to eight. You will also find calenduline an excellent preparation for the mouth and also for addition to enemas which should be given daily. To the local excoriations apply Dolormol-Ichthyol. We suggest also that you give this child the sulphocarbolates. Dissolve one ten-grain tablet in eight ounces of water, sweeten with saccharin, warm slightly and let the child take an ounce or two ounces every four hours from the bottle. Often more than this will not harm. Just prior to food give a granule of hydrastin (gr. 1-67), flip it into the back of the mouth and give the bottle immediately. You will find inunctions of olive oil or cod liver oil beneficial. Take one portion of the body each day and "rub in" an ounce of oil. Do not forget that the enemas should be "high," using a catheter to pass the fluid into the colon. You may find neutralizing cordial in warm solution extremely useful here. It will not be curative, of course, but it will help you during the early stages to control conditions. You will have to find out the dosage for the case. Begin with a small quantity after feeding and increase as it may seem necessary.—Ed.

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 QUERY 4909:—"Spasmodic Cough or Pertussis?" I find calcium sulphide uncertain in action. A tablet of camphor monobromated with calcium sulphide should be an effective remedy in pertussis. Just now we have a cough epidemic

among the children here: spasmodic, just like pertussis, but no "whoop" or coryza. Some of them have had it two or three months. It gradually subsides. What is it? No sore throat, dry spasmodic cough, more frequent at night.

C. R. D., Michigan.

Much of the calcium sulphide marketed is uncertain, but the pure calcium sulphide of at least U. S. P. strength, is as positive a therapeutic weapon as exists. Tablets of commercial calcium sulphide are insoluble and inert. The combination of camphor monobromated and calcium sulphide is a good one, but we do not believe the two remedies should be placed in one tablet, as calcium sulphide should be pushed in small doses to saturation, while camphor monobromated should be given in a full dose and repeated only once or twice (as a rule) to effect. At least we have found this to be the best plan and we think if you once adopt it you will agree with us. You will find, however, the whooping-cough granule (Cushman) containing calcium sulphide, camphor monobromated and quinine hydroferrocyanide an excellent little tablet.

You do not give us facts enough about the "cough epidemic," to enable us to diagnose it positively. This is a species of bronchitis, we presume. Pertussis, having distinct stages and being an infection, cannot well be mistaken. Is there any expectoration, vomiting, or temperature? Is elimination disturbed? Kindly describe succinctly the symptoms and course of the case. In the conditions you speak of we think that iodoform and cicutine or calx iodata and camphor will be efficacious.—Ed.

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 QUERY 4910:—"Hysteria at Catame-

Since Oct. 1 there has been an increase of over 23 per cent in the deathrate from pneumonia in Chicago.

Practicians are incompletely prepared to prescribe without leaning on the crutches of ready-made mixtures.—J. A. M. A.

nia." Nuclein is the "stuff!" I had a patient, female, who was down, and had been for thirteen months: hysterical, a morphine fiend; had cystitis, and, to listen to her tale she had most everything else the human race falls heir to.

My basic treatment was triple arsenates with nuclein, and other alkaloids, as indicated. The result, so far is that she went forty to fifty miles to some springs for eighteen days, walks to see her neighbors, and goes to church; she talks with intelligence and not with the old hysterical whine of two months ago—except at her catamenia. Can you help me any? I used the alkaloids. The other fellows did not!

A. L. N., Mississippi.

"Thank you!" Nuclein is "the stuff" as you say. The more a person uses it, the more thoroughly familiar he gets with its action, the higher his appreciation of its therapeutic worth.

Give us some idea of the physical conditions existing in this case, especially noting the reflexes, etc., and for three or four days prior to the catamenia push the uterine tonic and scutellarin, adding cypridin to each dose. We think this will speedily prove helpful.—Ed.

QUERY 4911:—"Ground Itch." Will you tell me something about "ground itch?" This skin disease is very common among the children of this country who go barefooted. If you can give me any hints which will enable us to treat this troublesome disease, successfully, I will rise up and call you blessed.

G. E. S., Florida.

If you have not already done so you should read Dr. Rankin's extremely interesting articles on Uncinariasis, which appeared in the CLINIC early in the year. In these articles he pointed out the fact, which has received quite general recognition, that ground itch is the first or

acute stage of hookworm disease, at least in a very large percentage of cases. In a study of 147 cases he states that 99 1-2 per cent gave a history of previous ground itch. In other words, it is probable that in most cases the parasite gains access to the body through abrasions in the skin, and this is especially likely to be the case among children who go barefooted, given a soil contaminated with fecal discharges. The local irritation causes the "ground itch." The treatment should first of all be prophylactic: The children should be provided with shoes and stockings, and the indiscriminate deposition of fecal matter about the premises should be stopped. The lesions should be treated with the ordinary parasitocides, such as bichloride lotions, or ointments of ammoniated mercury, sulphur, balsam Peru, etc. Perfect cleanliness of course. While the cause persists, the eruption is likely to give trouble. If this thing is neglected, in a few weeks the child may show the systemic evidences of the disease, bringing in their train the anemia, the pot-bellies, the stunted growth and weak intellectual development which are too often seen.—Ed.

QUERY 4912:—"Walking Typhoid." I have a patient with a morning temperature of 101° F., evening about the same, or 102° F.; tongue black in center and stools green. I have been giving dosimetric trinity and sodium sulphocarbolate and saline mornings; nose bled first two days, so I thought I would give intestinal antiseptic. Looks like typhoid; tongue looks little better, but his stool keeps green, dark, and watery.

E. F. P., Michigan.

Clean out that patient with calomel, podophyllin, and leptandrin, 1-6 grain of

From Aug. 7 to Nov. 30 Chicago city inspectors condemned and destroyed 2,391,719 lbs. of meat, fish, etc., and 389,478 lbs. of fruits.

In 4 months Chicago inspectors condemned \$238,623 worth of food as unwholesome, diseased or otherwise unfit for human food.

each half hourly for four doses, following in eight hours with a saline draught, and then push the sulphocarbolates (ten grains) every three hours, with a little water. We also suggest that you give 1-1000 of a grain of copper arsenite every hour or two, for four or five doses, then after each stool. Give this in solution. Push nuclein, Doctor, hypodermically by preference, and give baptisin and echinacea, of each two granules four times a day. You had better wash out that bowel with a high enema of some mild alkaline antiseptic.—Ed.

QUERY 4913:—"How to Get Started." I am taking the liberty of trespassing on your valuable and fully occupied time, to beg of you to favor me by replying to my herein requests for such information, and "pointers" as will assist me in the early acquirement of practice, in my future location, and I most sincerely assure you of the fact that any such advice will be most greatly appreciated and very gratefully accepted by me. I will now ask your much-esteemed opinion as to the following:

1. In the commencement of my practice in —, Ohio, which location of my office would you think best: In my residence in residential part; in or above drugstore in residential part; in or above drugstore in business part; in a downtown building in business part?

2. Whether to give prescriptions only or to supply the desired remedies from my own office?

3. About how long, in a general way, should a physician await payment of his fees by patient before sending request for same?

4. What methods do you consider best in gaining a desirable and likely to be profitable acquaintance among the people who are probable to be prospective patients?

5. What classes of diseases are most

commonly brought to the notice of physicians in city practice, during the different seasons of the year? and for each please mention your most successful remedy.

W. I., Ohio.

Circumstances alone can govern the individual in each case.

1. To this question the above applies with especial force. Go where the opportunity is the best. If you have not too much money and find a good location in a residence section, practise from your house giving up one, or better, two rooms to your work. Separate them from your family rooms. If you can get a good office near, use it for office work and have a sign at each place with definite hours. Drugstore practice may be desirable and may be a drawback. "It all depends."

2. By all means give your own medicines from the first; charge a fair price and "get results." Point out to people that they save drug bills. If you do give prescriptions send them either to a druggist who will protect your interests (will not refill, etc.) or let the patient go where he lists. But give R's only when you do not care to make up the medicine.

3. Send in your bill every month. If not paid in three months ask for a settlement. Suggest a part payment every week if nothing better can be had. Cash for office work. Have a sign to that effect prominently displayed. Trust only where you have a reasonable show of getting your money and refuse to attend a case till you know who is responsible for your fees. If you start right you will go along right.

4. This question again cannot be an-

Chicago housekeepers paid \$1,980 daily for water in milk in October and \$5,278 daily after inspections were restricted.

Some men never get up till called; some one else must apply the stimulus; the spark, the leaven, the steam, the starting force.

swered well without writing a book. Go to church; take every reasonable opportunity to meet good people. If you sing join a local society; if you play join a musical association. Examine for life insurance if you can do good work and represent good companies. Take each and every chance you can, dropping the props as you rise. But don't be cheap—don't "rush in" and be officious. Dignified hustle is all right, but a "scrambling grab" is ridiculous. One thing; in your desire to "know people" avoid those who will later be a clog to your progress. Be civil and pleasant to all—sycophantic to none. Don't be "Doc" to anybody but be *doctor* at all times.

5. Every imaginable thing from a burnt or cut finger to a case of tinea tonsurans. Expect anything—and when it comes do the best you can at once; then go home and read up—and then do better. Don't try to get ready for a case of measles or apoplexy and forget scabies and cross-presentations because as sure as you do you'll get the latter—both, in one day! Watch the health reports each week and post up on the prevailing disease but at the same time keep your memory refreshed on the symptoms of variola and gonorrhea.

In brief, Doctor, go ahead and select your opening and when there do that which seems best to do in that particular instance. Be properly accoutred, have definite hours, put on a bold front (but be modest and let *others* tell what a wonderful man you are), think before you treat, and don't express definite opinions till you know "where you are at." But when you do feel sure, go ahead and don't let anyone change your course. Finally, use the alkaloids, read the

CLINIC, and keep in touch with your fellows. Success to you.—Ed.

QUERY 4914:—"Probable Uterine Fibroid; Amenorrhea; Alcoholism." Mrs. G., aged forty-two, has complained for twenty-five or thirty years of pain in the side (right) and stomach and a "lump in stomach." Very corpulent. These paroxysms of pain are getting closer together and since last January have not been more than fourteen days apart. She is pregnant since May, and the pains are increasing in severity very fast in the last two months. After one of the spells she is very sore around waist and bowels for three or four days. She is so corpulent that I cannot outline a tumor very easily. My diagnosis is gallstone colic. If this be correct would you advise an operation in her condition? Is there not danger of rupture of the gallbladder during labor? I have given her sodium succinate and sodium phosphate with cascara, etc. For the pain I give her morphine sulph. and atropine. Can't you help me?

Case number two. Miss C., twenty-two years, has not menstruated for three years. This is not a case in which obesity is the cause of the suppression, as she is not excessively fleshy. She does not complain, and is able to work every day, and does work. Her people are very anxious about her condition. I have given her emmenagogues galore, but no return.

Please give me your treatment of the alcohol habit and can it be successfully treated at home? Is there any medicine that will counteract the effect of alcohol and straighten a person up in a few minutes so as to enable him to do business when he is able to go around, but cannot concentrate his thoughts, but knows he should do so and so desires to do? In case of a lawyer or public speaker who is "jagged up" and tries to straighten up, what will help him? I

Do the right thing without being told; push without waiting to be shoved; no alarm rings for the hour of Opportunity.

Initiative isn't intuition or second-sight; it's perpetual trying—everlasting vigilance—unceasing work.—System.

have tried strychnine nitrate and ammonium muriate, etc.

T. I. C. P., West Virginia.

We sincerely urge you to stop using morphine and atropine in this case. You are running great risk in doing so in a woman pregnant since May last. Only the most careful diagnosis (arrived at by a minute physical examination) can guide you. It may be necessary to do an abdominal section to save life. See if the pelvic organs are normal, especially investigate the uterus. Is it not possible that the lump you discovered is a fibroid of the uterus pushed high up in the abdominal cavity? We believe the pain you speak of to be due to pressure. You do not give any prior history of gallstones; neither do you give any symptoms which would lead us to diagnose this malady. How are the stools, urine, tongue, skin, etc.? Have you examined the liver as carefully as possible? Remember that even corpulent people may be fairly well examined by having them lie over on the right side and make deep pressure with the finger over the hepatic area. We would have the urine examined in this case, and carefully search the stools after an attack of pain. Possibly a supporting belt and the internal administration of viburnin, macrotin and caulophyllin two each in hot water three times a day with dioscorein (perhaps) would prove effective. Of course, if gallstones exist and there is catarrh of the ducts, sodium succinate and boldine will be indicated. You do not state whether this woman has ever had a child before. Try giving her large doses of olive oil (an ounce) between meals t. i. d., and ene-

mas of a quart of warm water, throwing into the bowel first three to four ounces of olive oil so that it shall be carried well up by the water. We wish we could help you more definitely, but we have not enough facts to go upon, and these are very puzzling cases at best. Only the most painstaking examination would help one to decide upon the proper treatment.

Now, Doctor, as regards case No. 2, it is impossible for us to prescribe here again unless you give us some idea of the physical condition of the patient, especially of the pelvic organs. The remedies which would apply in one case certainly do not apply in the next. At what age did she menstruate first? How long were her courses regular? Has she suffered from any severe diseases? Did the menses stop suddenly or gradually? Is the uterus developed fully? Sometimes the cessation of menstruation occurs without any visible cause and treatment is absolutely unavailing. The writer knows of a case in which a woman twenty-eight years of age, who ceased menstruation since the birth of her child six years ago, is in perfect health and normal in every respect.

As regards the treatment of the alcohol habit, we have from time to time outlined the usual procedures followed by us in the CLINIC. The best immediate remedy for acute alcoholism is a hypodermic of apomorphine followed by a full dose of oil, or, if a drunken man will drink two ounces of oil (olive) or more he will usually sober up rapidly. Carbonate of ammonia has been highly recommended and we believe proves effective in very many cases, but unques-

William Porter proposes a college course on tuberculosis including its limitation and ultimate extinction.—*Clinique*.

Many cases of tuberculosis have their beginning in a winter cough; creating a suitable soil for development.—Lillie, *Clinique*.

tionably the best thing to do is to instantly unload the system and we have time and time again "steadied a man up" by exhibiting apomorphine hypodermically producing free emesis and then giving aromatic spirit of ammonia, one dram in water every fifteen minutes for two or three doses. The alcohol habit can only be treated successfully when the patient is under the absolute control of a physician. Commence by "cleaning out" with 1-6 grain doses of calomel and podophyllin half-hourly for eight to ten doses. Three hours later give a saline. Repeat every twenty-four or forty-eight hours. Every four hours strychnine, gr. 1-67 (or even a larger dose), quassin and capsicin one, adding scutellarin and hydrastin three of the former, one of the latter every three hours. Give the man small doses of whisky at regular intervals for twenty-four or forty-eight hours and then tell him that the system is beginning to "clean out" and he will "begin to dislike the very smell of whisky." Now push small doses of atropine until the throat is dry, and pupils are dilated. Offer the patient whisky or his favorite beverage, taking care that it is well dosed with apomorphine. The patient will promptly eject it and you will impress upon him the fact that his system will no longer retain alcohol. If he is at all suspicious, institute a hypodermic treatment, giving the strychnine in this manner and after three or four doses make ready your syringe, substituting, however, apomorphine, gr. 1-10 for the strychnine. Tell the patient to send out and get whisky himself so he can be quite sure it is not doctored and about

the time he is ready to drink tell him you had better give him his regular shot. Give him the apomorphine and he will either not drink the whisky at all, or if he does, will promptly vomit it. In a few days the mere sight or smell of alcohol in any form will bring on nausea. Now, put the man upon the three arsenates with nuclein, feed him well, keep up elimination, meet symptoms as they arise and you will cure the case. Only in this way can the alcoholic be cured and then he must desire to remain cured or he will relapse.—Ed.

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 QUERY 4915:—"Vicarious Menstruation." I have a case of vicarious menstruation to treat and the strange part of it is there is nothing in my library or in my hundreds of journals that gives any light on the subject. There are a thousand articles on amenorrhea and "suppression," but they are no good in this case. This girl is about fourteen years of age, strong and healthy, weight one hundred and ten pounds; feels perfectly well. About eight months ago she took ether and had her tonsils removed. Soon after that her periods came on for the first time, apparently regular as to the amount of flow, color all right, lasted about four days and passed off. Since that time has come a little short each month. For three or four days previous to her flow her face turns a scarlet color, eyes blood-shot, also neck is the same color; has a trifling discharge from the vagina and the color is hardly a stain. Then the nose commences to bleed, has a strong hemorrhage and in four or five days she is in a normal state. Her parents are afraid of apoplexy or epileptic fits or some other dangerous trouble. I would say farther that the pupil of the eye dilates very large at this especial time. Her bowels and kidneys are in very good

Von Colditz has devised tonsillotome scissors for left side usable by the right hand of the operator.

Physicians assume grave responsibility who in complete bowel obstructions waste time giving purgatives.—Condon, *Med. Herald*.

condition. I gave her pulsatilla, atropine and aconitine and also prescribed adrenalin (1 to 1000) to snuff up the nose, but her mother dared not apply it. Also prescribed hot sitz-baths, gave ginger tea, hot foot baths, etc., all to no effect.

J. H. B., New York.

The literature upon vicarious menstruation is extremely limited. We have gone over our best works without finding anything worth while, and doubt whether anything striking has appeared in recent literature upon the subject. In the first place, no one seems to just understand the reason why every portion of the mucous membrane (and a great part of the skin) may be abnormally active at the menstrual period. The menstrual flow may appear (be excessive or nominal merely) and at the same time the hemorrhages, profuse sweating, mucous discharges or diarrhea may accompany the catamenia. Any one or a combination of these symptoms may take the place of the flow at regular twenty-eight-day intervals. If this is due to excessive nerve action, then it is fair to assume that the menstrual period must be in some manner a periodical nervous explosion. If we look upon the catamenial flow as merely a "primitive abortion"—a getting rid of the bed prepared for the ovum, which does not become fertilized, and a means of relief for the congestion which exists in the sub-epithelial capillaries, etc., it is hard to realize how any and every other excreting surface can be affected at definite periods in sympathy with or in place of the reproductive area. That a local process can produce local phenomena—or that the local disturbance may cause more or

less systemic sympathy—is understandable, but how a local process—unique in its character to the human (and in some simian) female can be vicarious passes comprehension. The whole matter of menstruation is, so far, beyond us; we have theories (from that advanced above to the evolution from the "rut") but they are theories only.

We must look to the nervous system if we are to find the solution of this physiological puzzle. We know that girls have conceived who have never menstruated (normally or vicariously); we are aware that after conception the true menstrual flow has occurred—not once but for several months. The supposed "menses" which have appeared throughout pregnancy cannot, in the light of present knowledge, be looked upon as genuine.

We are also aware that most cases of vicarious menstruation occur in those who cannot possibly have any powerful genital conception—young girls who are positively ignorant of the whole subject. Finally we may have one or more perfectly normal menstruations (proving the natural condition of ovaries, tubes and uterus), and then be confronted by vicarious menstruation in the form of nasal or other hemorrhages, sweats, diarrhea, etc. Without any apparent reason this condition may cease and the natural catamenia appear. Quite evident isn't it that a derangement of the nervous system which controls the mucosa of the generative organs may cause congestion (or excessive secretion) elsewhere, in lieu of the periodical stasis which Nature has arranged for? But what happens *in utero* at such times?

For tonsillectomy in children with anesthesia, Casselberry prefers the snare, drawing out tonsils with forceps.—J. A. M. A.

Of ten severe frontal sinus suppurations treated without external operation but one was cured.—Casselberry, *Laryngoscope*.

We can only suppose that the ovum would fail to find lodgment even if it encountered the spermatozoon and sought lodgment. In cases where there is some uterine flow the accompanying systemic disturbances or distant congestion may be looked upon as curious only; but when there is no local evidence of uterine receptivity but a distant engorgement and hemorrhage the matter becomes a serious and baffling problem. Can we really call such a hemorrhage "menstrual?" Can the girl or woman who has no uterine flux but nasal bleeding every twenty-eight days be said to have menstruated? Has the usual ovarian process been gone through? If so, why has not the uterus been prepared to receive it—and if it (or uterus and ovary together) is quiescent, why should some other part of the body simulate a unique generative function? We can only answer—nerve disturbance. And that is no answer at all. Begin three days before the next period and give this girl six granules of senecin and one of aloin every four hours while awake, until the flow is normally established; then smaller doses till it is over. If the first month fails, add next time apiol, five granules to each dose and repeat. For uterine pains give anemonin to effect. Report.—Ed.

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 QUERY 4916:—"Posterior Urethritis." I have a couple of cases of deep urethral infection on hand. Is there anything that will cure "gleet?" If so, let me hear about it.

H. E. D., Texas.

"Gleet" is a word covering a multitude of conditions, and unless you de-

scribe the symptoms present, the amount of discharge (making an examination of the urine by the two-glass method), and carefully sound the urethra for hyperesthesia, ulcerated areas, stricture, etc., and report results, we shall be unable to help you. The treatment which will cure a gleet due to an eroded patch in the deep urethra would not of necessity be of any value if a fibrous stricture exists. Have you gonococci present still? How long has the disorder existed? Was there an anterior urethritis first? Has the patient pain on urinating or upon passage of sound? Finally, Doctor, have you an endoscope and irrigating apparatus? If so, irrigate and examine. Internally, pending the more careful consideration of this case, give formin compound, one tablet every three hours, hydrastin, gr. 1-6, eupurpurin, two granules, cubebin, two, every four hours, with a glass of barley water and, for two days, calcium sulphide, gr. 1-6, every two hours. Keep the bowels open with salines and irrigate the urethra daily with a 1 to 5000 permanganate solution.—Ed.

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 QUERY 4917:—"A Typical Neurotic." I have a very peculiar case—a patient who is neurasthenic; nutrition is very poor and the vasomotor system seems to be running riot. Sweats profusely on the least exertion and the slightest draught of air causes the perspiration to dry up and skin to become cold and clammy. She has been in the habit of taking quinine for every condition. Also a "migraine" tablet containing principally acetanilid for headache. She is decidedly anemic, bowels regular, appetite and digestion fair.

G. B. M. H., Illinois.

Of 991 cases of pneumonia treated in Philadelphia hospitals 533 terminated fatally.—*Am. Jour. Med. Science.*

Rhus Poison: Clearing the bowels and keeping them clean will eliminate most cases with no other treatment.—Moody, *Med. W.*

Why not push nuclein and lecithin in this case? Suppose you send for examination a specimen of her urine, four ounces taken from the twenty-four hour output, at the same time stating the amount passed during that time. Give little food at a time and see that that is digested, and make some investigations as regards the clitoris and sphincter ani. Dilate the latter if necessary and release the clitoris if there are adhesions. Stop the quinine and acetanilid and give cactin and strychnine or cactin with the triple arsenates and gr. 1-6 of juglandin, quassin and hydrastin before meals. Another suggestion: Try a little capsicin for its stimulative action in these cases and for the nervous conditions, when they arise scutellarin three to four granules, and cypripedin an equal quantity with a little hot water. Faradic current to spine; salt sponge baths, etc.—Ed.

QUERY 4918:—"Neurasthenia: Action of Cypripedin and Scutellarin." The case of neurasthenia reported has improved on nuclein and lecithin with cypripedin and scutellarin, sumbul and elimination. I can get her "so far" and *there* she sticks. The chief difficulty now is the circulation. The pulse is slow and very weak. What will raise the pulse and hold it there? Brucine and cactin (used often enough) will make her "fly" almost wild; strychnine is out of the question. I cannot find enough information on cypripedin and scutellarin in the Alkaloidal Therapeutics. Do they depress the circulation any? Since using them the circulation has been feeble and easily goes down. Has the elimination depleted the volume of blood? Salines and xanthoxylin have been used and continued for several weeks. I gave another patient, who had had thorough

elimination for eczema, calomel and iridin, calcium carbonate, saline laxatives and restricted drinking, with antiscorbutics, some scutellarin and she nearly fainted today, the pulse is so weak. Not having had any experience with them I thought they must be depressing, acting something like aconitine or veratrine by opening the blood channels. In regard to the first case, will cactin alone be sufficient? I have used five or six granules at a time three hours apart. Does quinine hydroferrocyanide depress the circulation? What would you advise for circulation in the neurasthenic case? Again, does lecithin depress any or nuclein and what are the symptoms of overaction if any? And how long may they be continued? Zinc phosphide depresses; will not lecithin?

L. W., Iowa.

Glad to know that you have improved the patient so far. Cypripedin and scutellarin do not definitely depress the circulation. We suggest that you give cactin, two granules, and strychnine nitrate, gr. 1-67, every four hours and dosimetric trinity, two granules, morning, noon and night. You will find this medication gives you a strong, even circulation. Of course there may be some peculiar physical condition here with which we are unfamiliar. Make a very careful examination, especially looking for any change in the vessel walls or cardiac abnormality. You will find it a good plan to stop the entire list of medicines at present used for a week or two, giving the nervine, one granule every three hours, with two or three sulphur compound granules after meals; the cactin and strychnine as suggested above. In the case you speak of in which you gave calcium carbonate, we suggest that you stop this preparation for the time being

Rhus Poison: Sweet niter pure or with a volatile oil proved best application in epidemic of 1,800 cases.—Moody, *Med. World*.

Pneumonia: Don't over treat; do nothing unless indicated; treat patient; lobelia locally acts better than antiphlogistine.—Nash.

and give cactin and strychnine full doses for a few days. Always moderate your dosage to suit the patient and bear in mind that we have continually advocated the cessation of calcium carbonate after ten days or two weeks' exhibition. It should never be given for longer than this at a time, the colchicine with which it is combined, acting as a marked depressant. We think cactin and strychnine would be better than cactin alone in the above instance.

Quinine hydroferrocyanide proves the least depressant of the quinine salts. Remember that this drug lessens the number of leukocytes and decreases oxygenation; large doses sedate respiration and circulation while small doses stimulate. In some cases depression follows the primal stimulation. It is always well to give quinine in neurasthenic cases in combination with digitalin or strychnine.

Lecithin is not a depressant, neither is nuclein, although in some exceptional cases the heart-action seems to be slightly affected. As a rule, however, stimulation is not needed. Lecithin produces no marked symptoms save an improvement in the condition of the patient. It supplies the necessary material for nerve repair, hence innervation is improved and the functions of the body become normal. There is a vast difference between zinc phosphide and lecithin: the latter being an animal product, such phosphorus as is present being in minute quantity and easily assimilated form. Lecithin should rarely be given in doses in excess of three tablets per diem. Six drops of nuclein per diem is a small dose. That quantity may be given twice or three times a day. The two should not be

given together for any length of time. Zinc phosphide is powerfully tonic. It is better to alternate them.—ED.

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QUERY 4919:—"A Peculiar Case of Frosted Feet." Child, aged eight, female. Supposed by parents to have "frosted feet." Condition: Raw surfaces, blue outlines, yellow pustules numerous, and every evidence of poor circulation and clogged sweat glands. Cleaned up with bichloride solution. Dressing: Dusting powder. Internally, arsenic, gr. 1-67, three granules per diem.

One month later: Condition excellent. In two more, signs of skin breaking down again. Great itching at night. Some swelling of toes, affection showing on top of toes. Very little tenderness. Treatment: Carbenzol applied freely after washing at night and again in morning (without washing feet). Internally, arsenic sulphide, gr. 1-67 three per diem and nuclein, one two-drop tablet before each meal. Have never succeeded in getting feet entirely cured up. Signs of breaking down again, now, with intense itching; no tenderness. No history of tuberculosis, good color, vigorous, active, secretions in good order. Rather an irritable disposition. Father formerly a very bad asthmatic, mother healthy and normal.

E. N. R., Wyoming.

This is a peculiar case and evidences either a local infection or constitutional taint—probably both. First and foremost, doctor, examine urine: rectify any abnormalities there. Keep up free elimination and maintain an aseptic intestine. Give echinacea every four hours; with the arsenates of iron, quinine and strychnine with nuclein after food and laxative granules an hour later. Morning, noon and night give cactin. For one week only calcium sulphide, gr.

Never boil tea or infuse it over five minutes or the tannin will be extracted with the desirable elements.

Alkaline water usually precipitates the alkaloids from a drug and acids increase the bitterness.—Mundy.

1-6, every two hours. Cleanse the part thoroughly with pure hydrogen peroxide, getting into any pus pockets or cavities. Wash off with creolin solution, then with warm water. With a camel-hair brush touch all raw or affected surfaces with turpentine (Merck), dust with dolomol-ichthyol or bismuth-formic-iodide (Mulford) and cover with gauze. Dress daily. As soon as all pus has gone push nuclei and dress parts (now granulating or healing) with resin cerate. No shoes should be worn for a week or ten days; have the dressing light and cool. Soak feet before dressing (for first few days) in a weak solution of formalin. Soak feet in the formalin solution, dry and apply carbazol, then cover with gauze. To prevent future trouble, when fully healed apply the dermal antiseptic or a good talcum powder plentifully inside the stockings.—Ed.

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 QUERY 4920:—"An Obscure Neurosis." Patient well preserved, large, female, married, one daughter eleven years old. Every appearance of perfect health. Complains of pains, worse at night in arms and legs, no swelling or redness, no itching. Appetite and bowels all right, heart and lungs same. Have tried various general tonics and nerve tonics so called. No pelvic trouble apparent. Static electricity has had no effect so far. Backache at times, climacteric eighteen months ago. Urine shows nothing. Present trouble began one year ago.

V. H. W., Minnesota.

There is some obscure cause for this and we doubt very much whether remedial measures will avail until it is discovered. You do not state the age of the patient, i. e., whether the climacteric was

delayed or premature, neither do you give us any idea as to her condition during that period. This is 'a neurosis probably. Try the reflexes carefully and send us a specimen of urine, four ounces from the entire amount passed in twenty-four hours, carefully stating amount passed. We shall from this be able to judge metabolic conditions, the proportions of solids excreted being very important here. Does the pain come on at any specific time? Is it worse at night or in cold weather? What is the pulse rate at such time and generally? Any arteriosclerosis? Heart sounds normal? Are you sure that there is no displacement and that the apex beat is in natural position? Despite your statement that there is no pelvic trouble apparent let us urge you to make another minute examination both of the rectum and vagina. Look especially for retroversion, erosions of the os, polypi or internal hemorrhoids. Think also of fissure of the anus. A thorough dilation of the sphincter ani may prove wonderfully efficacious. Medicinally we would recommend macrotin, two granules, bryonin, one, and rhus tox one every four hours with boldine two, xanthoxylin two every three hours. Have the legs and arms well massaged and rubbed with an Epsom Salt solution, hot morning and night. Dry and rub in methyl salicylate.—Don't forget syphilis.—Ed.

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 QUERY 4921:—"Diabetes, Autotoxemia or Cirrhosis of Liver?" Patient has been ailing for about eighteen months, always complaining of dizziness and oppression in the upper part of the chest, worse after rising in the morning. During the afternoon she is some better so that dizziness is about gone. Back, in

Lloyd says the trackless poison described in Stringtown is a reality suppressed on account of its dangerous nature.

Scopolamine-morphine anesthesia: In this matter toleration has gone too far—treacherous and dangerous.—*N. Y. Med. Jour.*

the region of the kidneys and lower, would begin to ache early in the morning before rising. I made several urinary examinations and about six months ago found considerable sugar present in one specimen. I changed the diet and put her on arsenauero, arbutin and bioplasm (alk.) which caused her to gain flesh (she had been losing before and was quite spare) until at present she weighs more than ever before. Arsenauero was discontinued after two months' treatment as it disagreed decidedly with the stomach. Then I put the patient on strontium lactate and, for a while, her dizziness was gone. Now for a month past I have been unable to detect any sugar.

About a week ago she was suddenly seized with severe chills with dyspnea, and numbness of both hands and feet. This condition lasted for an hour, leaving severe dizziness behind. She has had similar attacks every day since then, but not so severe. At present she is on bioplasm, aspidospermine, and sodium bicarb. Now can you tell from the above whether these attacks were seizures of diabetic coma or not? Her heart could not have caused it, as everything is normal. She is dizzy even when lying down. Has appearance of good health. Amount of urine passed in twenty-four hours is about 45 to 50 ounces. It used to be more. It has always varied—being very small in quantity on some days (32 ounces) and very large on other days (80 ounces).

S. F. S., Illinois.

The vertigo is probably due to too close deprivation of carbohydrates. Let her have potatoes in moderation. The specimen of urine sent us was free from sugar, albumin and bile. Keep the bowels aseptic and give plenty of water. Examine the urine often and see how much carbohydrates she can take without glycosuria following. Do not be in a hurry to alter a successful treatment

—which does not mean to continue it too long after the trouble has subsided. The French "diabetes" combination should be useful here.—Ed.

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QUERY 4922:—"Sulphocarbolates and—Sulphocarbolates?" I think you deserve all the prosperity you enjoy. Was surprised and pleased with results which we obtained with your sulphocarbolates last summer. We had some that did not give satisfaction; had about concluded the sulphocarbolates were no good when we tried Abbott's. Used several thousand last summer and were well pleased with results.

G. W. M., Colorado.

We note with particular interest your remarks relative to the sulphocarbolates. Just such experience has been the lot of many scores of physicians and we have, from time to time, pointed out that the sulphocarbolates usually offered to the doctor are worse than useless. The company you speak of makes a claim of using only the best material and we believe that they honestly attempt to give the physician the best obtainable, but the sulphocarbolates on the market as a rule are not fit for exhibition to human beings. They may do in veterinary practice—although we would not like to use them even there! Abbott's sulphocarbolates are C. P. and prepared by a special process for them. You may be quite sure that good results will invariably follow their exhibition and, in cases where there is extreme irritability of the gastric mucosa, the zinc salt can be omitted and the calcium or sodium salts pushed in full doses.—Ed.

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QUERY 4923:—"Catarrh—General—with Streptococcic Infection." Patient,

Though we have few specifics for diseases we have many for symptoms; we are in control of general manifestations.—N. Y. M. J.

Everybody wants somebody else to think for him; but there are some things only understood by seeing.—Cooma-Sami.

eighteen years old, average strength. For three years she has awaked at night and found her mouth filled with a discharge such as I send you. No cough or history of cough except at the time she had *la grippe* last winter. This discharge comes without cough as though possibly it came from stomach. The mucus was not colored at first. One year and a half ago menses were slight and dark colored. Took some treatment for four months. Her mother gave her a salt bath every night for that time. Menses were re-established, the last time soiling four napkins thoroughly. Just before menses this discharge becomes somewhat aggravated; works in an office down-town, is tired at night. At times cheerful, again despondent. No history of tuberculosis in family. Sputum examined by two physicians who obtained negative results. I can detect no lesion. For the last week has complained of a feeling like a load in her stomach. During day may spit once or twice just a little. I examined throat and found small vegetations posteriorly. Applied electric cautery, no effect on discharge; was treated two years ago by a nose and throat specialist with no benefit. I send also a sample bottle of urine. The mother is very much worried and if I can't help, my treatment will be numbered with the other inactive treatments given before. Temperature normal, pulse seventy-eight, no night sweats, good appetite, no history of losing flesh. In cases of chronic posterior nasal pharyngitis it is common to have mucus hawked from throat once daily or less often. I cannot, however, from examination by reflected light, find evidences in this space that explain this young woman's trouble. I send sample to find what part of organ secretes it, to find if there are any evidences of tuberculosis, third to find if pus exists, fourth to obtain letter of advice as to treatment, etc.

G. H. F., S. Dakota.

The report of our pathologist has gone forward to you. As you will note, pus cells are abundant in this sputum. Albumin in urine; it is unfortunate that you did not send us two ounces from the whole twenty-four hour output, stating amount passed, so that we might have formed some idea as to excretion of solids, etc. This is not a tubercular case, but it is *catarrhal* and *infected*. The treatment can be made a brilliant success if you will make them "stick" and do what you tell them to do.

First and foremost, CLEAN OUT! Calomel and iridin one, juglandin one, half-hourly for four doses every third night and salithia, one level teaspoonful, the next morning on awakening. Hydrastin one, chimaphilin two, xanthoxylin two between meals. Immediately prior to eating one digestive granule and, after food, three sulphur comp. Have the nose and fauces washed out night and morning with a weak solution of Alphozone—about 1-1000—and let the girl swallow some. Use the goose-neck douche—not an atomizer—and then flush every accessible part with a solution made by adding one each menthol comp. and vaginal antiseptic tablet to twelve-sixteen ounces of water. After two weeks drop the sulphur comp. and give the triple arsenates with nuclein, two three times a day, and two of the antitubercular of our list. The first two days of treatment (after the "clean out") give her *hourly* one granule calcium sulphide. Then drop it and run along as above.—ED.

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QUERY 4924:—"The *Pons Asinorum* Once Crossed, the Road is Clear." I was occupied with a critical case that re-

The thicket is thick enough to hide a man from everything but a creditor, an evil conscience and an outraged lover.—Epstein.

The greatness of simplicity is one thing; the complexity of greatness is another.—Laotze.

quired my presence day and night, finally compelling me to call in assistance, which I did in the person of Dr. H—, our leading surgeon. He commended my treatment so far as it went with the alkaloids, but on further conversation I found he was bitterly opposed to them. He finally admitted there was some good things among them. He illustrated thus: "Put a teaspoonful of the extract of any medicine into the source of a creek, and go to its mouth and catch a pint of the solution and give a teaspoonful of it half-hourly to a patient and it would do as much good as so much sawdust." I give you this illustration, simple and childish as it is, to give you an idea of the opposition I will have to contend with in taking up this new departure. What can one say to such a man? But, as old Brer Remus would say, in his fox and rabbit story I am "laying low" waiting for the time to come when I will be able to demonstrate the fallacy of old theories. To get out of the old rut into paths of success and prosperity with the new is going to be hard work with me on account of the opposition of others of the fraternity—and the druggists in particular—for you know, that when *they* speak ill of a physician their word goes a long way, especially in a small town like this. Nevertheless I have commenced and will continue in spite of long faces and sour looks. I have already met with success beyond my expectations in the use of the few alkaloids I have received. I say a few because I find there are many more I could make good use of if I had them. But as regards this I will have to go slow until I am better posted.

W. G. M., Tennessee.

Dr. H—'s illustration is certainly inapt, as regards Alkalometry, though it covers the other side of the story beautifully. The "teaspoonful of extract" represents the *active* proportion

of the fluid extract or tincture and the balance, alcohol or other menstruum, very nicely represents "the creek." Now, when you pour out a teaspoonful of the ordinary galenical fluid mixture it is very much like going to the mouth of the creek and dipping up some of the water. There certainly will be some of the "medicine" (active principle) in it, but *how* much, who can say? The alkaloid, however, given in a certain dose very closely resembles the constant drip, drip, drip of water, which, as you know, finally "wears away the stone." The hardest rock will ultimately be perforated by the drops striking steadily in one place just as the most rebellious pathological condition will finally yield to the *small dose of positive* medication *constantly* repeated.

Do not let these fellows spring these absurdities on you and go away thinking they have confounded you, Doctor. Turn the gun on them and give them a dose of their own persiflage. Nothing is more delightful than to get one of these peculiar gentlemen to eat up a couple of granules of glonoin and watch them suddenly change expression—see their eyes stick out, so to speak. Then is the time to point the moral and ask them, whether, after all, the small dose of something effective is not better than a jumble of fluid messes which *may* act one way and *may* not act at all! Go right along, Doctor, using the active principles according to the Alkalometric rule and just as sure as you do this so surely you will win the practice in your locality. Get others over the *Pons Asinorum* and they will trot along the Dosimetric road gleefully to success.—Ed.

With a small stomach and a big chest a man may live a long time—Laotze. That's tough on some of us.

With a gentle heart and much adaptability a man may wear out successive generations.—Laotze.